

Department of Police Accountability

YOU MAY ALSO COMPLETE THIS FORM ONLINE at <http://policecomplaints.sfgov.org/>

INSTRUCTIONS FOR COMPLETING THIS FORM: Please complete this form to the best of your ability. We will contact you to follow-up. If you do not have a telephone number, please explain the best way to contact you. If you have questions or need help, please call the DPA at (415) 241-7711, between 8:00 a.m. and 5:00 p.m., or leave a message with our answering service after 5:00 p.m. We provide interpreters at no charge.

Ln Site # 00042748

Today's Date / Time		Preferred Language		Case No. (DPA Use Only)	
2-15-19 10:58 a.m.				0081-19	
Last Name		First Name		Middle Name	
[REDACTED]		[REDACTED]			
Home Address:		Street		Apt.	
		[REDACTED]			
City		State		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]	
Work Address:		Street		Suite	
		[REDACTED]			
City		State		Zip Code	
Home Phone		Birthdate			
[REDACTED]		[REDACTED]			
Mobile Phone		Gender			
[REDACTED]		Male			
Work Phone		Ethnicity			
[REDACTED]					
Email		Occupation			
		Stand-up Comedian			



Fold Here First

DPA Use Only

Fold Here Second

OFFICES LOCATED AT:
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102



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City and County of San Francisco
Department of Police Accountability
101 South Van Ness Avenue
San Francisco, CA 94103-9868



SFDPA - 0081-19 - 000001

Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)
2-14-19 17:50	Jane Warner Plaza 17th St. / Market / Castro	0081-19
Incident Report or Citation No.	 Department of Police Accountability	
IR# [REDACTED]		

Please print your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint. Include the who, what, where, when and why of the incident. If known, please provide the officers' names and star numbers. If unknown, please provide physical descriptions of the officers.

If you need additional space, use separate sheets of paper and attach them to the complaint.

Narrative of Incident: Page 1 of

See narrative attached.

Complainant Signature / Date:	Taken by (Name / Star # / Unit / Date):
Phone intake 2-15-19	E. Dolese / Inv. DPA / 2-15-19

OCC Case No. 0081-19

NARRATIVE OF INCIDENT

The complainant stated that an officer used excessive force against a man who was resisting police officers attempts to handcuff the man.

Department of Police Accountability Allegation Form

DPA CASE NO.	COMPLAINANT	INCIDENT, CITATION, OR CAD NO.
0081-19		

COMPLAINT RECEIVED						COMPLAINT AGAINST			OCCURRENCE LOCATION	
Person	Phone	Mail-in	Online	SFPD	Other	Person	Policy	Procedure	Type	District
	X					X			01	D

ACTIVITY	TYPE	DISP	UNIFORM Yes No		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
01	UF		X		Q3	Nicholas Nagai #2017	3D		M	4

ALLEGATIONS:

Unnecessary Force – The officer used excessive force.

DPA-Added Allegation Form

DPA CASE NO.	COMPLAINANT
0081-19	[REDACTED]

ACTIVITY	TYPE	DISP	UNIFORM Yes No	RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
01	ND		X	Q3	Nicholas Nagai #2017	3D	[REDACTED]	M	4

ADDED ALLEGATIONS:

[REDACTED]

Department of Police Accountability Allegation Form

DPA CASE NO.	COMPLAINANT	INCIDENT, CITATION, OR CAD NO.
0081-19		

COMPLAINT RECEIVED						COMPLAINT AGAINST			OCCURRENCE LOCATION	
Person	Phone	Mail-in	Online	SFPD	Other	Person	Policy	Procedure	Type	District
	X					X			01	D

ACTIVITY	TYPE	DISP	UNIFORM Yes No		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
01	UF		X		Q2	Bryan Santana #2097	3D		M	3

ALLEGATIONS:

Unnecessary Force – The officer used excessive force.

DPA-Added Allegation Form

DPA CASE NO.	COMPLAINANT
0081-19	[REDACTED]

ACTIVITY	TYPE	DISP	UNIFORM Yes No		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
01	ND		X		Q2	Bryan Santana #2097	3D	[REDACTED]	M	3

ADDED ALLEGATIONS:

[REDACTED]

Department of Police Accountability Allegation Form

DPA CASE NO.	COMPLAINANT	INCIDENT, CITATION, OR CAD NO.
0081-19		

COMPLAINT RECEIVED						COMPLAINT AGAINST			OCCURRENCE LOCATION	
Person	Phone	Mail-in	Online	SFPD	Other	Person	Policy	Procedure	Type	District
	X					X			01	D

ACTIVITY	TYPE	DISP	UNIFORM Yes No		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
01	UF					ID Pending				

ALLEGATIONS:

Unnecessary Force – The officer used excessive force.

Department of Police Accountability

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InSite # 00042748

Today's Date / Time	Preferred Language	Case No. (DPA Use Only)
3-22-19 10:12		0081-19
Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]

Home Address:	Street	Apt.
City	State	Zip Code
Work Address:	Street	Suite
City	State	Zip Code



Home Phone	Birthdate
	[REDACTED]
Mobile Phone	Gender
	Transgender-non-binary
Work Phone	Ethnicity
Email	Occupation


Fold Here First

DPA Use Only

SFPD/DPA FORM 293

Inv. Disc/DPA / 3-22-19
Taken by (Name / Star # / Unit / Date):

SFDPA - 0081-19 - 000009

Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)
2-14-19 17:50 HRS.	Jane Warner Plaza	0081-19
Incident Report or Citation No.	 Department of Police Accountability	
IR# [REDACTED]		

Please print your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint. Include the who, what, where, when and why of the incident. If known, please provide the officers' names and star numbers. If unknown, please provide physical descriptions of the officers.

If you need additional space, use separate sheets of paper and attach them to the complaint.

Narrative of Incident: Page 1 of

See narrative attached.

OCC Case No. 0081-19

NARRATIVE OF INCIDENT

The complainant stated officers used unnecessary force during the arrest of the complainant.

DPA Routine Document Request

To: Records/RMS

Date/Time: 02/15/2019 12:39 Investigator: Ellen Dolese Phone #: 415-241-7727

SFPD Incident #: [REDACTED] DPA Case #: 0081-19

Comments: Please provide the incident report and any supplemental reports and attachments - thank you.

Deliver Documents:

☒ Fax DPA: 241-7733☐ 25 Van Ness #700, 94102RECEIVED
AT DPA
2019 FEB 20 P 2:43

Please forward the following documents to the DPA. The documents requested are considered routine under the SFPD-OCC Document Production Protocol, which requires a response to this request within three (3) days. As required by the Protocol, this request has been sent concurrently to Police Legal.

- | | |
|---|--|
| <input type="checkbox"/> 12500 CVC Report (SFPD Form 164(a)) | <input checked="" type="checkbox"/> Incident Reports (including all supplemental reports) |
| <input type="checkbox"/> 14601 CVC Report (SFPD Form 164) | <input type="checkbox"/> Intoxilizer Model 5000 Checklist (or other models)(SFPD Form 15) |
| <input type="checkbox"/> Academy training records | <input type="checkbox"/> Line-up Record (SFPD Form 56) |
| <input type="checkbox"/> Affidavit of Termination of Investigation (SFPD Form 470) | <input type="checkbox"/> Media footage |
| <input type="checkbox"/> Airport activity logs | <input type="checkbox"/> Medical Screening Form (SFPD Form 54) |
| <input type="checkbox"/> Anticipated Watch Report (SFPD Form 22) | <input type="checkbox"/> Mug Shots (criminal history information tracking number to be redacted) |
| <input type="checkbox"/> Arrest Record/Booking Slip (Form 3800-09) | <input type="checkbox"/> Notice of Motor Vehicle Accident (SFPD Form 325) |
| <input type="checkbox"/> Candlestick Park activity logs | <input type="checkbox"/> Officer notes (Photocopies only) |
| <input type="checkbox"/> Cell Check Log (SFPD Form 51) | <input type="checkbox"/> Officer's Daily Report (Traffic Division)(SFPD Form 106) |
| <input type="checkbox"/> Certificate of Release (SFPD Form 184) | <input type="checkbox"/> Overtime and Holiday Watch Report (SFPD Form 238) |
| <input type="checkbox"/> Citation log book records | <input type="checkbox"/> AT&T Park activity logs |
| <input type="checkbox"/> Citizen Arrest Form (SFPD Form 80) | <input type="checkbox"/> Payroll records |
| <input type="checkbox"/> Citizen Complaint Investigation Memorandum | <input type="checkbox"/> Permission to Search Form (SFPD Form 468) |
| <input type="checkbox"/> Cold Show Admonishment (SFPD Form 466) | <input type="checkbox"/> Photographic Line-up Instructions (SFPD Form 467) |
| <input type="checkbox"/> Corrected Watch Report (SFPD Form 117) | <input type="checkbox"/> PLES (10-B assignment) rosters |
| <input type="checkbox"/> Court Protective Orders or Emergency Protective Orders | <input type="checkbox"/> POST training materials |
| <input type="checkbox"/> DABOR reports (post-hearing) | <input type="checkbox"/> Prisoner Transfer Record (SFPD Form 78) |
| <input type="checkbox"/> Daily Arrest logs (SFPD Form 307) | <input type="checkbox"/> Property logs (from both stations and property control) (SFPD Form 230) |
| <input type="checkbox"/> Demonstration Memorandum (SFPD Form 77) | <input type="checkbox"/> Property Receipt Form (SFPD Form 315) |
| <input type="checkbox"/> Demonstration squad charts | <input type="checkbox"/> Property Release Form (SFPD Form 158) |
| <input type="checkbox"/> DMV Officer's Statement | <input type="checkbox"/> Public Intoxication Report (SFPD Form 69) |
| <input type="checkbox"/> DMV Order of Suspension (Form 360 & 360(A)) | <input type="checkbox"/> Ride-along Request and Review (SFPD Form 84) |
| <input type="checkbox"/> DMV Supplemental to Officer's Statement (Blood/Urine Test Results) | <input type="checkbox"/> Roll call training logs |
| <input type="checkbox"/> DMV Traffic Accident Report Form | <input type="checkbox"/> Secondary Employment Application (SFPD Form 156) |
| <input type="checkbox"/> DMV Verbal Notice by Police Officer | <input type="checkbox"/> SFPD Dismissal Request (SFPD Form 256) |
| <input type="checkbox"/> Domestic Violence Response Unit Tapes | <input type="checkbox"/> SFPD officer photographs |
| <input type="checkbox"/> Domestic Violence Supplemental Report forms (SFPD 480a & 480b) | <input type="checkbox"/> SFPD officer weight and height descriptions |
| <input type="checkbox"/> Driving Under the Influence Card (SFPD Form 462) | <input type="checkbox"/> Station Arrest Logs |
| <input type="checkbox"/> Driving Under the Influence Report (SFPD Form 284A-D) | <input type="checkbox"/> Strip search authorization form (SFPD Form 305) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26) | <input type="checkbox"/> Traffic Collision Reports (CHP555, 555-03 & 556) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26A & B) | <input type="checkbox"/> Traffic Court Report (SFPD Form 295) |
| <input type="checkbox"/> Event operation orders | <input type="checkbox"/> Unit Orders |
| <input type="checkbox"/> Field Arrest Card | <input type="checkbox"/> Use of force logs (SFPD Form 128) |
| <input type="checkbox"/> Field Interview Card (SFPD Form 114) | <input type="checkbox"/> Verification of latent fingerprint request (SFPD Form 235)(not including results) |
| <input type="checkbox"/> Firearms Training Roster (SFPD Form 53) | <input type="checkbox"/> Daily Equipment Sign-Out and Sign-In Sheet (SFPD Form 474) |
| <input type="checkbox"/> Fleet management records | |
| <input type="checkbox"/> Hit and Run Record (SFPD Form 133) | |

SFDPA - 0081-19 - 000012

Retrieved by a00961 on 2/15/19 at 5:54:57 PM
San Francisco Police Department
INCIDENT REPORT

Report Type: Initial

I N C I D E N T	Incident Number	Occurrence From Date / Time	Occurrence To Date / Time	Reported Date / Time	CAD Number
		02/14/2019 17:50		02/14/2019 17:50	
	Type of Incident THREAT OR FORCE TO RESIST EXECUTIVE OFFICER 27171 BATTERY, OF A POLICE OFFICER 04154 RESISTING, DELAYING, OR OBSTRUCTING PEACE OFFICER DUTIES 27170				
	Location of Occurrence:		At Intersection with/Premise Type	District	
	CASTRO ST		MARKET ST / SIDEWALK	MISSION	
	Confidential Report? <input type="checkbox"/>	Arrest Made? <input checked="" type="checkbox"/>	Suspect Known? <input type="checkbox"/>	Suspect Unknown? <input type="checkbox"/>	Non-Suspect Incident? <input type="checkbox"/>
Location Sent / On View:		At Intersection with	Reporting District		
CASTRO ST		MARKET ST	MISSION		
Crime and Clearance Status 6	Reported to Bureau	Name	Star	Date/ Time	Elder Victim <input type="checkbox"/>
					Gang Related? <input type="checkbox"/>
					Juvenile Subject? <input type="checkbox"/>
					Prejudice Based? <input type="checkbox"/>
Have you reviewed the attached list of procedures required by Department General Order (DGO) 7.04? Yes					

O F F I C E R I N F O R M A T I O N	I declare under penalty of perjury, this report of 4 pages is true and correct, based on my personal knowledge, or is based on information and belief following an investigation of the events and parties involved.				
	PROP 115 CERTIFIED Post Training				
	Reporting Officer	Star	Station	Watch	Date
	NAGAI, NICHOLAS H	2017	Mission Station	1500-0100	02/15/19 01:00
	Reviewing Officer	Star	Station	Watch	Date
	LEE, NATHAN G	4285	Mission Station	2100-0700	02/15/19 01:00
OIC	Star	Station	Watch	Date	
LEE, NATHAN G	4285	Mission Station	2100-0700	02/15/19 01:18	
Related Case	Related Case	Re-assigned to	Assigned to	Assigned by	
-	-	Copies to 3D300 3*300 3*300 3*300	3D300 Add'l Copies DA, OR, [REDACTED]	NN 2017	

R / 1 V I C T I M	Code	Name (Last, First Middle)	Alias	Email							
	RV 1	2017, 2097, SFPD									
	Day Phone	Type	Home Address	City							
				State							
				Zip Code							
	Night Phone	Type	Work Address	City							
	(415) 558-5400	Work	630 VALENCIA ST	SAN FRANCISCO							
				State							
			Zip Code								
DOB / Age	DOB	or age between and	Race	Sex	Height	Weight	Hair Color	Eye Color	ID Type	Jurisd.	ID No.
	Unk. <input type="checkbox"/>										
Confidential Person <input type="checkbox"/>	Violent Crime Notification <input type="checkbox"/>	293 PC Notification <input type="checkbox"/>	Star	Follow-up Form YES <input type="checkbox"/>	Statement YES <input type="checkbox"/>	Relationship to Subject					
School (if Juvenile)	Injury/Treatment	Other Information/If Interpreter Needed Specify Language									
		NAGAI, LEFT HAND PAIN. SANTANA, NECK PAIN AND ABRASION.									
Interpreter Needed <input type="checkbox"/>	Language	Language Description (if Other)	Language Line Service/Interpreter ID#	Bilingual Ofc Star#							

R E P O R T E E	Code	Name (Last, First Middle)	Alias	Email							
	R 1	[REDACTED]		[REDACTED]							
	Day Phone	Type	Home Address	City							
	[REDACTED]	Cell		State							
				Zip Code							
	Night Phone	Type	Work Address	City							
	(000) 000-0000	Unknown		State							
				Zip Code							
DOB / Age	DOB	or age between and	Race	Sex	Height	Weight	Hair Color	Eye Color	ID Type	Jurisd.	ID No.
	Unk. <input type="checkbox"/>		U	M			UNK	UNK			
Confidential Person <input type="checkbox"/>	Violent Crime Notification <input type="checkbox"/>	293 PC Notification <input type="checkbox"/>	Star	Follow-up Form YES <input type="checkbox"/>	Statement YES <input type="checkbox"/>	Relationship to Subject UNKNOWN					
School (if Juvenile)	Injury/Treatment	Other Information/If Interpreter Needed Specify Language									
		[REDACTED]									
Interpreter Needed <input type="checkbox"/>	Language	Language Description (if Other)	Language Line Service/Interpreter ID#	Bilingual Ofc Star#							

Report Type: Initial

BOOKED	Code B 1	Name (Last, First Middle) [REDACTED]		Alias [REDACTED]		Email unknown	
	Day Phone (000) 000-0000		Type Unknown	Home Address [REDACTED]		City [REDACTED]	State [REDACTED]
	Night Phone (000) 000-0000		Type Unknown	Work Address [REDACTED]		City [REDACTED]	State [REDACTED]
	DOB Unknown <input type="checkbox"/>	Date of Birth [REDACTED]	Age [REDACTED]	or age between and [REDACTED]		Race W	Sex X
	Height 5'9	Weight 180	Hair Color BRO	Eye Color BLU			
	SEN# [REDACTED]	J/D# (if Juvi) [REDACTED]	ID Type/Jurisdiction/Number FBI [REDACTED]	ID Type/Jurisdiction/Number CII [REDACTED]	ID Type/Jurisdiction/Number [REDACTED]		
	Booking Charge(s) N/W 69 PC, N/W 290.011(a) PC / 243(b) PC, 148(a)(1) PC				Booking Location COUNTY JAIL #1 - 7TH STREET SHERIFF'S FACILITY		
	Warrant # [REDACTED]	Court# [REDACTED]	Action# [REDACTED]	Dept# [REDACTED]	Enroute to [REDACTED]		
	Warrant Violation(s) 1203.2 PC				Bail (\$) No Bail		
	Warrant # [REDACTED]	Court# [REDACTED]	Action# [REDACTED]	Dept# [REDACTED]	Enroute to SF Local		
Warrant Violation(s) [REDACTED]				Bail (\$) [REDACTED]			
Warrant # [REDACTED]	Court# [REDACTED]	Action# [REDACTED]	Dept# [REDACTED]	Enroute to [REDACTED]			
Warrant Violation(s) 3056 PC				Bail (\$) No Bail			
Citation#	Violation(s)		Appear Date/time		Location of Appearance		
<input type="checkbox"/> CA Form Booked Copy Attached	Mirandized: Star <input type="checkbox"/>	Date Time	CWB Check LENA		Star 56		
Book/Cite Approval SGT. RUSSELL	Star 1030	Mass Arrest Code	M X-Rays <input type="checkbox"/>	School (if Juvenile)		Statement <input type="checkbox"/>	
Other Information: Citation/Warrant/Booking Charge(s)/Missing Person-Subject Description; Scars, Marks, Tattoos WEARING: BLACK T SHIRT, JEANS, BROWN BOOTS, WARRIORS HAT. TAT ON BACK [REDACTED] TAT ON CHEST, LEFT ARM [REDACTED] TAT, RIGHT ARM [REDACTED] TAT.							
Interpreter Needed <input type="checkbox"/>	Language	Language Description(if Other)		Language Line Service/Interpreter ID#		Bilingual Ofc Star#	

PROPERTY	Code/No EVD 1	Item Description CD			Brand		Model	
	Serial No.	Gun Make	Caliber	Color	Narcotics Lab No.	Quantity 1	Value	
	Seized by (Star) 2097		From Where CO D					
	Additional Description/Identifying Numbers Accessed via sfbaytimes.com. Video surveillance of the incident. 8 total photos of [REDACTED] Officer Santana, and Officer Nagai							

PROPERTY	Code/No BWC 1	Item Description BODY WORN CAMERA			Brand TASER		Model AXON	
	Serial No.	Gun Make	Caliber	Color	Narcotics Lab No.	Quantity 2	Value	
	Seized by (Star) 2017		From Where EVIDENCE.COM					
	Additional Description/Identifying Numbers Officer Santana #2097							

SFDPA - 0081-19 - 000014

Report Type: Initial

NARRATIVE

[REDACTED]

On February 14, 2019 (Valentine's Day), Officer Santana #2097 and I were working as uniformed foot patrol in the area of Market and Castro. We saw a known transgender-transient individual known as [REDACTED] also known as (B1) [REDACTED] walk towards Jane Warner Plaza to loiter with other known transients. From previous queries, Officer Santana and I knew that [REDACTED]

Jane Warner Plaza is an area of the Castro District that generates numerous calls regarding homeless related complaints, frequent open drug use, and human waste complaints. Numerous transients were congregated near and on a planter in the plaza where [REDACTED] began chatting with his friends.

Officer Santana and I exited our patrol vehicle and walked up to [REDACTED]. Officer Santana called out to [REDACTED] by his used street name [REDACTED] and tapped him on the back. I trailed shortly behind Officer Santana, but to Officer Santana's left. As soon as [REDACTED] turned around and saw Officer Santana's uniformed presence I immediately saw a look of panic and surprise come across his face. [REDACTED] immediately pushed Officer Santana and tried to run away, however I was able to grab ahold of [REDACTED] right arm and prevented his escape.

It should be noted that both our (BWC1) Body Worn Cameras were on in the buffering mode. Due to the nature of the incident, the speed of the incident, and [REDACTED] actions we were unable to activate them in time to capture most of the incident. Both of our cameras were knocked from our uniforms and somehow activated and began recording once knocked to the ground.

Officer Santana and I both used physical force against [REDACTED]. According to SFPD Department Bulletin 17-080 I used force for the following reasons:

i. [REDACTED] immediately pushed Officer Santana in the chest and tried to run away. Once I grabbed ahold of [REDACTED] arm, I punched [REDACTED] in the head once with a closed right fist and once with a closed left fist because [REDACTED] was pushing me away and trying to build a wide stance with his legs to prevent him from being forced to ground. In the process of attempting to gain custody of [REDACTED] we also tripped over a baby stroller filled with transient debris. [REDACTED] also flexed and tensed his arms preventing them to be easily cuffed. In the process of falling to the ground and wrestling with [REDACTED] our lapel mics were knocked from our uniforms. Officer Santana was finally able to broadcast, "148! Market and Castro." [REDACTED] was able to stand to his feet again and then Officer Santana wrapped his arms around [REDACTED] torso to gain leverage and forced [REDACTED] to a prone position using his bodyweight. I was able to handcuff [REDACTED] right wrist. Multiple other Mission units arrived on scene to assist in handcuffing [REDACTED] left wrist. It should be noted that it took approximately 5 officers to completely handcuff [REDACTED]. During the incident, Officer Santana later told me that [REDACTED] yelled at him, "Let go of me! Don't make me hurt you! I'll hurt you!"

ii. There was not sufficient time to de-escalate the situation because of [REDACTED] decision to push Officer Santana in attempt to escape.

iii. The type of force used were closed-fist punches.

iv. [REDACTED] sustained small abrasions to the left side of his face, small abrasions to his left hand, abrasions to his left elbow, and a complaint of pain to his left pinky finger.

v. I sustained a complaint of pain to my left wrist. It became difficult to open and close my left hand and bend my wrist. Officer Santana sustained abrasions to his left elbow, left knee, and complaints of pain to his left knee and neck.

Report Type: Initial

vi. [REDACTED] was transported to Mission Station for further investigation. [REDACTED] then was transported to SFGH by SFPD M94. [REDACTED] was further medically assessed by Dr. Chalwell at SFGH. 3D11D, Officers Lee #469 and Hoang #308, maintained custody of [REDACTED]

vii. 3D114, Sgt. Russell #1030, arrived on scene at approximately 1752 hours and was immediately notified of our use of force.

Please refer to Officer Santana's statement regarding his use of force.

At Mission Station, I took 8 total photos of [REDACTED] injuries along with photos of Officer Santana and myself. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Sgt. Russell approved the following charges: N/W 69 PC, N/W 290.011(a) PC, 243(b) PC, and 148(a)(1) PC. Officer Lee told me that [REDACTED] had a fractured pinky and a bone chip in his left elbow from a previous injury. [REDACTED] refused treatment, slings, and splints from doctors at SFGH. Officers Hoang and Lee booked [REDACTED] into CJ1 without incident.

Officer Santana was able to obtain surveillance video footage of the incident via sfbaytime.com. He was later able to upload the incident onto the (E1) CD along with the photos.

I booked the (E1) CD into evidence at Mission Station.

Report Type: Initial

Incident Report Statement

INCIDENT NO.

Name (Last,First,Middle) Santana, Bryan M 2097		DOB/Age	Residence Phone(Day/Night)	Business Phone (Day/Night) 415/558-5400
Residence		Zip Code	Business Address / City if not San Francisco 630 Valencia Street, SF	
Date of Statement 02/14/19		Time Started 22:00	Time Completed 23:00	Location Where Statement Taken At Scene <input type="checkbox"/> Other: MISS

On 02-14-19 at approximately 1745 hours, Officer N. Nagai #2017 and I (3D41D) were on duty in full police uniform working as the Castro foot beat. We were conducting a patrol of Jane Warner Plaza in the area of Castro St and Market St. I observed an individual I recognized as (B1) [REDACTED] I have encountered [REDACTED] several times while working as the foot beat and am aware that [REDACTED] identifies as gender fluid/non-binary and uses the name [REDACTED] with both male and female pronouns. Approximately a week ago, I learned [REDACTED] had several outstanding no bail warrants for parole and probation violations.

[REDACTED] was standing facing away from me, so to confirm the person was [REDACTED] I approached and called out, [REDACTED] did not respond so I tapped his shoulder and again called out [REDACTED] turned around and without warning used both hands to shove my chest and began to run toward the 400 block of Castro St. It should be noted that my (BWC) body camera was in buffering mode and I had attempted to activate it, but due to the quickly unfolding events, I did not successfully activate it or realize it was not activated.

Officer Nagai attempted to grab [REDACTED] and I ran over to grab hold of [REDACTED] and prevent his escape and effect an arrest. I saw a Muni inbound "F line" street car was passing and that we were beginning to fall toward the wheels. I wrapped my arms around [REDACTED] chest and was attempting to pull him to the ground to gain an advantageous position to place him into handcuffs. Officer Nagai, [REDACTED] and I tripped over a nearby transient's empty baby stroller and fell to the ground. I fell onto my back with my arms pulling [REDACTED] shoulders to the ground. [REDACTED] was facing me and fell on top of me. [REDACTED] was attempting to stand and using his hands to push my chest. [REDACTED] was trying to remove my grasp on his shoulders. [REDACTED] yelled, "Let go of me! Don't make me hurt you! I'll hurt you!" I believed that [REDACTED] knew that we were uniformed police officers and was using the threat of violence to prevent me from placing him under arrest. While this was occurring, I used my free left hand to transmit over my police radio that we were involved in a fight at Castro St and Market St.

[REDACTED] was able to get to his feet, so I stood up and maintained my arms around his torso from behind to prevent him from freeing himself. I was trying to perform a takedown to get [REDACTED] back to the ground. I wrapped my right arm around [REDACTED] neck and was able to twist him off balance and throw him to the ground. [REDACTED] fell onto his left side and I inadvertently wrapped my right arm around the front of [REDACTED] neck as I fell down. [REDACTED] yelled out that I was choking him so I adjusted my grip so that my arm was not around his neck and did not affect his breathing. I saw Officer Nagai place a handcuff onto [REDACTED] right arm, but his left arm was tucked under his body. I ordered [REDACTED] to get on his stomach and he did not comply. I tried to roll [REDACTED] onto his stomach and pull his left arm to his side, but he physically resisted and prevented me. After approximately a minute and a half, another marked police unit arrived with lights and sirens activated. Two officers ran over and began to assist us in controlling [REDACTED] [REDACTED] continued to struggle for almost another thirty seconds until I was able to free [REDACTED] left arm and finally place him into handcuffs. After cuffing [REDACTED] he was loudly cursing at me and yelled, "I'm taking you out!"

Sgt J. Russell #1030 (3D114) arrived on scene at approximately 1752 hours and I notified her of my use of force. She later conducted a use of force investigation and made an entry into the Mission Station Use of Force Log.

During the struggle, my BWC was knocked off my chest and did activate, but did not capture the majority of the incident.

There are public, high definition, live-feed cameras in the area of Castro St and Market St run by

Report Type: **Initial**

"www.sfbaytimes.com/castro-street-cam/". I contacted the webmaster, (R1) [REDACTED] and he saved the video file that captured the entire incident. [REDACTED] sent the video to my department email, which I seized as evidence.

During the incident, I obtained abrasions to my left elbow and left knee, and had pain to my left knee and neck. I notified Sgt. Russell but did not seek medical treatment.

SP190453150 C 000 MISC

CASTRO ST/MARKET ST, SF

[02/14/2019]

17:50:16	DT14	[REDACTED]	CREATE	Location:CASTRO ST/MARKET ST, SF Type:000 DAREA:3D Area:412A TypeDesc:MISC LocDesc:<400/ 2400> Priority:C Agency:SP Map:A3
17:50:16	DT14	[REDACTED]	ENTRY	Sector/Stn:D1 Map:A3
17:50:16	DT14	[REDACTED]	DISPOS	3D41D Location:CASTRO ST/MARKET ST, SF Operator:[REDACTED] OperNames:NAGAI,NICHOLAS #2017
17:50:16	DT14	[REDACTED]	PRIU	3D41D
17:50:16	CADAPP	TIB	PREMIS	Comment:PPR, FPR
17:50:21	K194	[REDACTED]	BACKER	3D14D Operator:[REDACTED] OperNames:LEE,RAYMOND #469; ZASLY,LAURA E. #1239; HOANG,DAVID C. #308
17:50:22	K194	[REDACTED]	PRIOR	PremType:PPR 3D14D
17:50:26	DT14	[REDACTED]	MISCN	3D41D Comment:148
17:50:47	K061	[REDACTED]	BACKER	3D15D Operator:[REDACTED] OperNames:HANSON,REILLY #1613; PORTILLO, JOEL #1276
17:50:48	K194	[REDACTED]	MISCN	3D14D Comment:C3 15TH/MISSION
17:50:49	DT15	[REDACTED]	NOTIFY	3D41D Notified:BROADCAST Comment:A5 A6
17:50:51	K194	[REDACTED]	RI	3D14D
17:50:52	DT10	[REDACTED]	MISCN	3D41D Comment:3D114 ALL UNITS GOING STAY OFF AIR ALL C3
17:51:10	DT10	[REDACTED]	BACKER	5L52
17:51:13	DT10	[REDACTED]	ONSCN	5L52
17:51:13	K086	[REDACTED]	BACKER	3D93 Operator:[REDACTED] OperNames:PEREZ JESUS W #233; CHICAS MIRANDA TELMA G. #1224
17:51:16	DT10	[REDACTED]	MISCN	3D41D Comment:CHEVRON
17:51:18	DT14	[REDACTED]	MISCN	3D41D Comment:CHEVRON
17:51:21	K194	[REDACTED]	RI	3D14D
17:51:26	K086	[REDACTED]	MISCN	3D93 Comment:C3
17:51:26	K061	[REDACTED]	RI	3D15D
17:51:39	DT10	[REDACTED]	BACKOS	3D114 Operator:[REDACTED] OperNames:RUSSELL,JOSEY #1030
17:51:40	DT14	[REDACTED]	ONSCN	3D114
17:52:00	K061	[REDACTED]	ONSCN	3D15D
17:52:07	DT10	[REDACTED]	MISCN	3D114 Comment:SLOW DOWN ALL UNITS
17:52:10	DT14	[REDACTED]	MISCN	3D114 Comment:SLOW DOWN ALL UNITS
17:52:20	K194	[REDACTED]	MISCN	3D14D Comment:SHUTDOWN C3 18TH/CHURCH
17:52:28	K194	[REDACTED]	RI	3D14D
17:52:29	DT10	[REDACTED]	MISCN	3D114 Comment:NO NEED FOR WAGON AT THIS TIME
17:52:43	DT14	[REDACTED]	MISCN	Comment:3D114 USE OF FORCE
17:52:43	DT10	[REDACTED]	MISCN	3D114 Comment:USE OF FORCE
17:53:31	K194	[REDACTED]	ONSCN	3D14D
17:53:31	K194	[REDACTED]	RI	3D14D
17:54:18	DT14	[REDACTED]	MISCN	Comment:3D114 SH OS
17:54:24	DT10	[REDACTED]	MISCN	Comment:SH OS NO MORE C3
17:54:28	DT10	[REDACTED]	BACKOS	3D13D Operator:[REDACTED] OperNames:DEIDRICK,KYLE A #1039; GARCIA JR,IRVING R #1810
17:54:57	DT14	[REDACTED]	MISCN	3D13D Comment:C3 C33
17:55:06	DT14	[REDACTED]	MISCN	3D13D Comment:C4 C33
17:55:08	DT14	[REDACTED]	OK	3D13D
17:55:10	K045	[REDACTED]	BACKER	3D11D Operator:[REDACTED] OperNames:PERAZA,NATHALIE #2064; ZASLY,LAURA E. #1239; HOANG,DAVID C. #308
17:55:20	K045	[REDACTED]	RI	3D11D
17:56:04	DT14	[REDACTED]	CASE	Case#:PD190112820 3D41D LocDesc:<400/ 2400>->at CASTRO ST/MARKET ST, SF
17:56:06	DT10	[REDACTED]	CLEAR	3D93 Dispo:HAN
17:56:21	K045	[REDACTED]	RI	3D11D
17:57:31	K045	[REDACTED]	RI	3D11D
17:59:01	DT14	[REDACTED]	CLEAR	3D114
17:59:08	DT14	[REDACTED]	CHGLOC	3D41D Location:CASTRO ST/MARKET ST, SF->MISSION STATION, SF LocDesc:at CASTRO ST/MARKET ST, SF->at 630 VALENCIA ST, SF LocCross:btwn CLARION AL and SYCAMORE ST

17:59:20	DT10	[REDACTED]	ONSCN	3D14D	
17:59:25	DT10	[REDACTED]	CLEAR	3D13D	
17:59:42	DT10	[REDACTED]	TRANSP	3D14D	Comment:W/1
18:00:10	K162	[REDACTED]	BACKER	3D44C	Operator:[REDACTED] OperNames:KUCHAC RONALD S. #203; AVILA,CASSIE #230
18:00:40	K162	[REDACTED]	MISCN	3D44C	Comment:LATE ENTRY: CODE 3 FROM STATION SHUT DOWN WHEN 97
18:01:46	K194	[REDACTED]	RI	3D14D	
18:01:48	K194	[REDACTED]	RI	3D14D	
18:02:14	K045	[REDACTED]	RI	3D11D	
18:02:43	K045	[REDACTED]	RI	3D11D	
18:03:30	K045	[REDACTED]	CLEAR	3D11D	Dispo:ND
18:03:47	K162	[REDACTED]	CLEAR	3D44C	Dispo:ND
18:04:15	K194	[REDACTED]	RI	3D14D	
18:04:59	K194	[REDACTED]	RI	3D14D	
18:05:02	DT10	[REDACTED]	CMPLT	3D14D	
18:08:55	K077	[REDACTED]	BACKER	3L52	Operator:[REDACTED] OperNames:LEUNG,PHILIP #328; ANTON-BUZZARD ALEXANDER #124
18:09:04	K077	[REDACTED]	ONSCN	3L52	
18:09:57	K077	[REDACTED]	CLEAR	3L52	Dispo:HAN Comment:ONSCENE, CAMERAS ACTIVATED #328,#2179,#129
18:11:28	DT14	[REDACTED]	XREF		
18:12:02	DT10	[REDACTED]	PRMPT	3D15D	Comment:Preempted and dispatched to call # [REDACTED]
18:25:40	DT10	[REDACTED]	PRMPT	3D14D	Comment:Preempted and dispatched to call # [REDACTED]
18:28:14	DT10	[REDACTED]	BACKOS	3D14D	Operator:[REDACTED] OperNames:LEE,RAYMOND #469; ZASLY,LAURA E. #1239; HOANG,DAVID C. #308
18:32:03	DT10	[REDACTED]	CHGLOC	3D14D	Location:MISSION STATION, SF->SF GENERAL HOSPITAL, SF LocDesc:at 630 VALENCIA ST, SF->at 1001 POTRERO AV, SF LocCross:btwn CLARION AL and SYCAMORE ST->btwn 22ND ST and 23RD ST Comment:HALF RIDING W/ M94 AND HALF FOLLOWING
18:34:51	K194	[REDACTED]	ONSCN	3D14D	
18:46:35	AX04	[REDACTED]	CLEAR	5L52	
19:47:09	DT10	[REDACTED]	ONSCN	3D41D	
19:56:40	DT10	[REDACTED]	MISCN	3D14D	Comment:STILL 97 AT SFGH
20:23:30	DT10	[REDACTED]	MISCN	3D14D	Comment:STILL 97
20:48:20	K194	[REDACTED]	RI	3D14D	
22:15:04	K194	[REDACTED]	RI	3D14D	
22:15:13	DT10	[REDACTED]	TRANSP	3D14D	Location:SF GENERAL HOSPITAL, SF->CJ1, SF LocDesc:at 1001 POTRERO AV, SF->at 425 7TH ST, SF LocCross:btwn 22ND ST and 23RD ST->btwn HARRISON ST and BRYANT ST Comment:JWITH ONE
22:22:14	DT10	[REDACTED]	CMPLT	3D14D	
22:47:18	K194	[REDACTED]	RI	3D14D	
23:14:12	K194	[REDACTED]	RI	3D14D	
23:20:18	K194	[REDACTED]	RI	3D14D	
23:32:18	K194	[REDACTED]	RI	3D14D	
23:47:08	K194	[REDACTED]	MISCN	3D14D	Comment:SFPDMDCCMDLINE mask: Query 1: LEVI/VLNAIA [REDACTED] Query 2: *QV/LICPL [REDACTED] Query 3: IA QV.CA0380100.LIC [REDACTED] Query 4: IV
23:59:30	K194	[REDACTED]	CLEAR	4 [REDACTED] 3D14D	Dispo:HAN
[02/15/2019]					
00:45:16	DT10	[REDACTED]	CLEAR	3D41D	Dispo:ARR
00:45:16	DT10	[REDACTED]	CLEAR		
00:45:16	DT10	[REDACTED]	CLOSE		

CALL RECAP:

INITIATE: 17:50:16 02/14/2019
ENTRY: 17:50:16 02/14/2019
DISPATCH: 17:50:16 02/14/2019
ON SCENE: 17:50:16 02/14/2019
CLOSE: 00:45:16 02/15/2019
ADDRESS: CASTRO ST/MARKET ST, SF
DAREA: 3D
SECTOR: D1
RA: 412A
FIRE:

CALL NUMBER: #3150
CURRENT STATUS: CLOSE
PRIMARY UNIT: 3D41D
JURISDICTION: SP
DISPOSITION: ARR

REPORT NUMBER: [REDACTED]
TYPE: 000 MISC
PRIORITY: C
PRIOR HISTORY: Yes

CP:
ADDRESS:
PHONE:

CAD TIMESTAMP: CADT 0215190045

OPERATOR ASSIGNMENTS:

DT14 [REDACTED]
CADAPP TIB
K194 [REDACTED]
K061 [REDACTED]
DT15 [REDACTED]
DT10 [REDACTED]
K086 [REDACTED]
K045 [REDACTED]
DT10 [REDACTED]
K162 [REDACTED]
K077 [REDACTED]
AX04 [REDACTED]
DT10 [REDACTED]
DT10 [REDACTED]
DT10 [REDACTED]
DT10 [REDACTED]

AS OF 20:23:30:

ON DUTY: 18:10:17 02/13/19 DAREA: 3D CONTROL: MID: L:K023
OFF DUTY: 01:00:52 02/14/19 VEHICLE: RADIO: 52541 52306

ID # 1 [REDACTED] NAGAI,NICHOLAS #2017
ID # 2 [REDACTED] SANTANA,BRYAN M. #2097
02/13/19
18:26:50 K023 DISPOS #190443265 Operators: [REDACTED]
OperNames: SANTANA,BRYAN M. #2097; NAGAI,NICHOLAS #2017
Type:7G Location:GOLDEN GATE PUMPS

18:26:50 K023 PRIU
18:42:00 DT10 CHANGE Location:CORP YARD-GOLDEN GATE, SF LocDesc:at 100 MARTIN
LUTHER KING DR, SF LocCross:btwn BOWLING GREEN DR and
7TH AV

18:42:08 DT10 REDIR
18:50:50 K023 MISCN Comment:SFPDMDCCMDLINE mask: Query 1:
LEVI/VLNAIA [REDACTED]
Query 2: *QV/LICPL [REDACTED]
Query 3: IA
QV.CA0380100.LIC [REDACTED]
Query 4: IV

4 [REDACTED]

19:04:36 K023 RI
19:10:19 K023 CLEAR #190443265 Type:7G Dispo:HAN
22:51:47 DT14 BACKER #190444081 Operators: [REDACTED]
OperNames: SANTANA,BRYAN M. #2097; NAGAI,NICHOLAS #2017
Type:311 Location:18TH ST/COLLINGWOOD ST, SF

22:54:23 K023 RI
22:55:27 K023 ONSCN #190444081
22:58:37 DT14 OK Comment:SPEAKING W/1...SH
23:04:13 K023 MISCN Comment:MONSTR mask: Query 1:
[REDACTED]
Query 3: IR
[REDACTED]
Query 4: IM
[REDACTED]
Query 5: IN
[REDACTED]

23:47:09 DT10 CLEAR #190444081 Type:311 Dispo:ARR

OPERATOR ASSIGNMENTS:

K023 [REDACTED]
CADAPP TIB
DT10 [REDACTED]
DT14 [REDACTED]
K347 [REDACTED]
DT14 [REDACTED]
DT10 [REDACTED]
DT14 [REDACTED]
DT10 [REDACTED]

AS OF 22:58:37:
AS OF 23:03:40:
AS OF 23:19:32:
AS OF 01:23:42:

ON DUTY: 15:01:36 02/14/19 DAREA: 3D CONTROL: MID:
OFF DUTY: 15:12:46 02/14/19 VEHICLE: RADIO: 52541 52306

ID # 1 [REDACTED] NAGAI, NICHOLAS #2017
ID # 2 [REDACTED] SANTANA, BRYAN M. #2097

OPERATOR ASSIGNMENTS:

ON DUTY: 15:12:46 02/14/19 DAREA: 3D CONTROL: MID: L:K166
OFF DUTY: 16:28:19 02/14/19 VEHICLE: RADIO: 52541

ID # 1 [REDACTED] NAGAI, NICHOLAS #2017
ID # 2 [REDACTED] SANTANA, BRYAN M. #2097

02/14/19
15:26:53 DT10 DISPER #190452571 Operators: [REDACTED]
OperNames: SANTANA, BRYAN M. #2097; NAGAI, NICHOLAS #2017
Type: 418 CallLoc: 20TH ST/SHOTWELL ST, SF
15:27:32 K166 RI
15:35:39 K166 ONSCN #190452571
15:35:40 K166 RI
15:39:03 K166 CLEAR #190452571 Type: 418 Dispo: UTL
15:44:11 DT10 DISPOS #190452436 Operators: [REDACTED]
OperNames: SANTANA, BRYAN M. #2097; NAGAI, NICHOLAS #2017
Type: 488 CallLoc: 668 NOE ST, SF
15:44:11 DT10 PRIU
15:44:14 DT10 CLEAR #190452436 Type: 488 Dispo: GOA
15:49:46 K166 BACKER #190452656 Operators: [REDACTED]
OperNames: SANTANA, BRYAN M. #2097; NAGAI, NICHOLAS #2017
Type: 418 Location: MISSION PLGD, SF
15:50:30 DT10 PRIU
16:38:20 K166 PRMPT Comment: Preempted and dispatched to call #190452849

OPERATOR ASSIGNMENTS:

DT31 [REDACTED]
CADAPP TIB
DT18 [REDACTED]
DT17 [REDACTED]
DT10 [REDACTED]
K041 [REDACTED]
K166 [REDACTED]
K162 [REDACTED]
AS OF 16:08:00: DT10 [REDACTED]
AS OF 16:38:20: K166 [REDACTED]
DT38 [REDACTED]
AS OF 15:25:14: DT17 [REDACTED]
AX04 [REDACTED]
DT14 [REDACTED]
DT06 [REDACTED]
AS OF 14:48:16: DT10 [REDACTED]

ON DUTY: 16:28:19 02/14/19 DAREA: 3D CONTROL: MID: L:K166
OFF DUTY: 01:01:14 02/15/19 VEHICLE: RADIO:

ID # 1 [REDACTED] NAGAI, NICHOLAS #2017

02/14/19			
16:38:20	K166	DISPOS	#190452849 Operators: [REDACTED] OperNames: NAGAI, NICHOLAS #2017 Type: 903 Location: 18TH AND CASTRO
16:38:20	K166	PRIU	
16:53:59	DT10	BACKER	#190452921 Operators: [REDACTED] OperNames: NAGAI, NICHOLAS #2017 Type: 418 Location: MARKET ST/16TH ST, SF Comment: Preempted and dispatched to call #190452921
16:53:59	DT10	PRMPT	Comment: ERIW AND CIT
16:54:15	DT10	MISCN	Comment: 3D118 ACK
16:54:21	DT10	MISCN	
16:54:28	K166	RI	
16:55:20	K166	ONSCN	#190452921
16:56:16	DT14	MISCN	Comment: ABA'ING ITSELF IAO
16:56:19	K166	RI	
17:01:42	K166	CLEAR	#190452921 Type: 222 Dispo: UTL
17:09:43	K166	DISPOS	#190452996 Operators: [REDACTED] OperNames: NAGAI, NICHOLAS #2017 Type: 903 Location: 17TH ST/CASTRO ST, SF
17:09:43	K166	PRIU	
17:21:30	DT10	DISPOS	#190453036 Operators: [REDACTED] OperNames: NAGAI, NICHOLAS #2017 Type: 415 CallLoc: CASTRO ST/18TH ST, SF
17:21:30	DT10	PRIU	
17:21:30	DT10	PRMPT	Comment: Preempted and dispatched to call #190453036
17:28:59	DT14	CLEAR	#190453036 Type: 415 Dispo: HAN
17:29:05	DT14	DISPOS	#190453076 Operators: [REDACTED] OperNames: NAGAI, NICHOLAS #2017 Type: 915 Location: 2425 MARKET ST, SF
17:29:05	DT14	PRIU	
17:30:25	DT14	RFT	Comment: QN - V
17:38:25	DT10	MISCN	Comment: 915 ADV AND OFFERRED HOT SERVICES AND PACKING UP TO SEEK SHELTER
17:38:31	DT10	CLEAR	#190453076 Type: 915 Dispo: HAN
17:50:16	DT14	DISPOS	#190453150 Operators: [REDACTED] OperNames: NAGAI, NICHOLAS #2017 Type: 000 Location: CASTRO ST/MARKET ST, SF
17:50:16	DT14	PRIU	
17:50:26	DT14	MISCN	Comment: 148
17:50:49	DT15	NOTIFY	Comment: A5 A6
17:50:52	DT10	MISCN	Comment: 3D114 ALL UNITS GOING STAY OFF AIR ALL C3
17:51:16	DT10	MISCN	Comment: CHEVRON
17:51:18	DT14	MISCN	Comment: CHEVRON
17:56:04	DT14	CASE	Case [REDACTED] Priority: C Type: 000 Location: CASTRO ST/MARKET ST, SF LocDesc: at CASTRO ST/MARKET ST, SF
17:59:08	DT14	CHGLOC	Location: MISSION STATION, SF LocDesc: at 630 VALENCIA ST, SF LocCross: btwn CLARION AL and SYCAMORE ST
19:47:09	DT10	ONSCN	#190453150
02/15/19			
00:45:16	DT10	CLEAR	#190453150 Type: 000 Dispo: ARR

OPERATOR ASSIGNMENTS:

	DT01
	DT10
	DT18
	K045
	DT14
	K166
	K061
	DT03
	K023
	DT40
	CADAPP
AS OF 17:28:59:	DT14
	MSSAPP
AS OF 17:50:16:	DT14
	K194
	DT15
	K086
AS OF 17:59:20:	DT10
	K162
	K077
	AX04
AS OF 19:47:09:	DT10
AS OF 20:23:30:	DT10
AS OF 22:15:13:	DT10
AS OF 00:45:16:	DT10

TIB



USE OF FORCE LOG

SAN FRANCISCO POLICE DEPARTMENT

Reporting Period Beginning: 02/11/2019 Ending: 02/17/2019
MM/DD/YYYY MM/DD/YYYY

DATE: 02/14/2019

CASE NUMBER: [REDACTED]

REVIEWING SUPERVISOR: Sgt. Josey Russell #1030

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used	
Subject	[REDACTED]	[REDACTED]	W	M	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm—OIS <input type="checkbox"/> Firearm—Pointing <input type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input checked="" type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other
Officer/ Star #	Ofc. Bryan Santana #2097					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

* I — American Indian, A — Asian or Pacific Islander, B — Black, H — Hispanic, U — Unknown, W — White

DATE: 02/14/2019

CASE NUMBER: [REDACTED]

REVIEWING SUPERVISOR: Sgt. Josey Russell #1030

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used	
Subject	[REDACTED]	[REDACTED]	W	M	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm—OIS <input type="checkbox"/> Firearm—Pointing <input checked="" type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input checked="" type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other
Officer/ Star #	Ofc. Nicholas Nagai #2017					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

* I — American Indian, A — Asian or Pacific Islander, B — Black, H — Hispanic, U — Unknown, W — White

DATE: _____

CASE NUMBER: _____

REVIEWING SUPERVISOR: _____

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used	
Subject					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm—OIS <input type="checkbox"/> Firearm—Pointing <input type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other
Officer/ Star #						<input type="checkbox"/> YES <input type="checkbox"/> NO	

* I — American Indian, A — Asian or Pacific Islander, B — Black, H — Hispanic, U — Unknown, W — White

Commanding
Officer's Signature:

Captain [REDACTED] #872

Unit: 601D

FORWARD ONE COPY TO BUREAU DEPUTY CHIEF. FORWARD A COPY OF LOG AND INCIDENT REPORTS TO COMMANDING OFFICER OF RISK MANAGEMENT AND TRAINING DIVISION ON THE MONDAY OF EACH WEEK.

SFPD 128 (Rev. 11/17)

DPA Routine Document Request

To: Ofc. David Hoang-Stationkeeper/Mission Station

Date/Time: 03/05/2019 18:01 Investigator: Ellen Dolese

SFPD Incident #: [REDACTED]

Phone #: 415-241-7727

DPA Case #: 0081-19

Deliver Documents:

☒ Fax DPA: 241-7733

☐ 25 Van Ness #700, 94102

Comments: Please provide any and all Arrest logs, records, and Use of Force logs for 02/14/19 related to the arrest and Use of Force involving Robert Cantrell, DOB: 7/19/77-Thank you.

Please forward the following documents to the DPA. The documents requested are considered routine under the SFPD-OCC Document Production Protocol, which requires a response to this request within three (3) days. As required by the Protocol, this request has been sent concurrently to Police Legal.

- | | |
|---|--|
| <input type="checkbox"/> 12500 CVC Report (SFPD Form 164(a)) | <input type="checkbox"/> Incident Reports (including all supplemental reports) |
| <input type="checkbox"/> 14601 CVC Report (SFPD Form 164) | <input type="checkbox"/> Intoxilizer Model 5000 Checklist (or other models)(SFPD Form 15) |
| <input type="checkbox"/> Academy training records | <input type="checkbox"/> Line-up Record (SFPD Form 56) |
| <input type="checkbox"/> Affidavit of Termination of Investigation (SFPD Form 470) | <input type="checkbox"/> Media footage |
| <input type="checkbox"/> Airport activity logs | <input type="checkbox"/> Medical Screening Form (SFPD Form 54) |
| <input type="checkbox"/> Anticipated Watch Report (SFPD Form 22) | <input type="checkbox"/> Mug Shots (criminal history information tracking number to be redacted) |
| <input checked="" type="checkbox"/> Arrest Record/Booking Slip (Form 3800-09) | <input type="checkbox"/> Notice of Motor Vehicle Accident (SFPD Form 325) |
| <input type="checkbox"/> Candlestick Park activity logs | <input type="checkbox"/> Officer notes (Photocopies only) |
| <input type="checkbox"/> Cell Check Log (SFPD Form 51) | <input type="checkbox"/> Officer's Daily Report (Traffic Division)(SFPD Form 106) |
| <input type="checkbox"/> Certificate of Release (SFPD Form 184) | <input type="checkbox"/> Overtime and Holiday Watch Report (SFPD Form 238) |
| <input type="checkbox"/> Citation log book records | <input type="checkbox"/> AT&T Park activity logs |
| <input type="checkbox"/> Citizen Arrest Form (SFPD Form 80) | <input type="checkbox"/> Payroll records |
| <input type="checkbox"/> Citizen Complaint Investigation Memorandum | <input type="checkbox"/> Permission to Search Form (SFPD Form 468) |
| <input type="checkbox"/> Cold Show Admonishment (SFPD Form 466) | <input type="checkbox"/> Photographic Line-up Instructions (SFPD Form 467) |
| <input type="checkbox"/> Corrected Watch Report (SFPD Form 117) | <input type="checkbox"/> PLES (10-B assignment) rosters |
| <input type="checkbox"/> Court Protective Orders or Emergency Protective Orders | <input type="checkbox"/> POST training materials |
| <input type="checkbox"/> DABOR reports (post-hearing) | <input type="checkbox"/> Prisoner Transfer Record (SFPD Form 78) |
| <input checked="" type="checkbox"/> Daily Arrest logs (SFPD Form 307) | <input type="checkbox"/> Property logs (from both stations and property control) (SFPD Form 230) |
| <input type="checkbox"/> Demonstration Memorandum (SFPD Form 77) | <input type="checkbox"/> Property Receipt Form (SFPD Form 315) |
| <input type="checkbox"/> Demonstration squad charts | <input type="checkbox"/> Property Release Form (SFPD Form 158) |
| <input type="checkbox"/> DMV Officer's Statement | <input type="checkbox"/> Public Intoxication Report (SFPD Form 69) |
| <input type="checkbox"/> DMV Order of Suspension (Form 360 & 360(A)) | <input type="checkbox"/> Ride-along Request and Review (SFPD Form 84) |
| <input type="checkbox"/> DMV Supplemental to Officer's Statement (Blood/Urine Test Results) | <input type="checkbox"/> Roll call training logs |
| <input type="checkbox"/> DMV Traffic Accident Report Form | <input type="checkbox"/> Secondary Employment Application (SFPD Form 156) |
| <input type="checkbox"/> DMV Verbal Notice by Police Officer | <input type="checkbox"/> SFPD Dismissal Request (SFPD Form 256) |
| <input type="checkbox"/> Domestic Violence Response Unit Tapes | <input type="checkbox"/> SFPD officer photographs |
| <input type="checkbox"/> Domestic Violence Supplemental Report forms (SFPD 480a & 480b) | <input type="checkbox"/> SFPD officer weight and height descriptions |
| <input type="checkbox"/> Driving Under the Influence Card (SFPD Form 462) | <input checked="" type="checkbox"/> Station Arrest Logs |
| <input type="checkbox"/> Driving Under the Influence Report (SFPD Form 284A-D) | <input type="checkbox"/> Strip search authorization form (SFPD Form 305) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26) | <input type="checkbox"/> Traffic Collision Reports (CHP555, 555-03 & 556) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26A & B) | <input type="checkbox"/> Traffic Court Report (SFPD Form 295) |
| <input type="checkbox"/> Event operation orders | <input type="checkbox"/> Unit Orders |
| <input type="checkbox"/> Field Arrest Card | <input checked="" type="checkbox"/> Use of force logs (SFPD Form 128) |
| <input type="checkbox"/> Field Interview Card (SFPD Form 114) | <input type="checkbox"/> Verification of latent fingerprint request (SFPD Form 235)(not including results) |
| <input type="checkbox"/> Firearms Training Roster (SFPD Form 53) | <input type="checkbox"/> Daily Equipment Sign-Out and Sign-In Sheet (SFPD Form 474) |
| <input type="checkbox"/> Fleet management records | |
| <input type="checkbox"/> Hit and Run Record (SFPD Form 133) | |

SFSD BOOKING #		SAN FRANCISCO FIELD ARREST CARD				SFSD Booking #	
CASE #	Booking Last Name:	Booking First Name:	Booking Middle Name:	DOB:			
Local ID # (SFNO)	AKA - Last Name:	AKA - First Name:	Pref Pronoun: He () She (X) They () Other () None ()				
PID Hit () Yes () No		Residence Address:		Date of Arrest		RACE: (Check One)	
Name: Star:		TRANSIENT		02/14/19		() American Indian/Alaskan	
CDL #	Location of Arrest:	Time of Arrest		1751 Hrs		() Asian/Pacific Islander	
CII #	Prior to Booking: () Combative (X) Use of Force (X) Medical Assessment	Sex:		Male () Female (X)		() Black (X) White () Unknown	
FBI #	Agency: SFPD	Reason NOT Cited: 9		Non-Binary ()		Ethnicity: WHITE	
CIVS Check: Name / Star #	Unit: 30410	DV Related () Yes (X) No		Property Booked into Evidence Y () N (X)		Jail Health-Medical Triage	
Global Subject File #	Consular Notification () Yes (X) No	Penal Code 834(c) PC		Check if Attempted		<input type="checkbox"/> Cleared for booking <input type="checkbox"/> Refused for booking	
Arresting Officer: NAGUIA	Deputy: Star #	Print Legibly		Offense Type		JHS: Time:	
Charge 1	N/W 69 PC	Attempt		F / M / I		JHS Remarks:	
Arresting Officer: SANTANA	Charge 2	Attempt		F / M / I		SEARCHES	
Supervisor: Sgt. Russell	243(b) PC	Attempt		F / M / I		Counter By: Star #	
Notifications Made:	Charge 3	Attempt		F / M / I		SFPD	
Name:	148(a)(1) PC	Attempt		F / M / I		P&P: Strip () Pat ()	
Phone #	Charge 4	Attempt		F / M / I		Deputy: Star:	
Relationship (check one)	N/W 290.011(a) PC	Attempt		F / M / I		SEARCH COMPLETED	
() Officer () Parole () Probation		Attempt		F / M / I		P&P: Strip () Pat ()	
Remarks:		Attempt		F / M / I		Time of Search	
Last/First:		Sub Codes:		Class Level:		Photo Here	

SFSD BOOKING #		San Francisco Sheriff's Department CONTINUATION CARD				SFSD BOOKING #	
Charges		Check if Attempted	F / M / I	Charges		Check if Attempted	F / M / I
Charge 5		<input type="checkbox"/>	M	Charge 15		<input type="checkbox"/>	
Charge 6		<input type="checkbox"/>	PF	Charge 16		<input type="checkbox"/>	
Charge 7		<input type="checkbox"/>	F	Charge 17		<input type="checkbox"/>	
Charge 8		<input type="checkbox"/>	NN	Charge 18		<input type="checkbox"/>	
Charge 9		<input type="checkbox"/>		Charge 19		<input type="checkbox"/>	
Charge 10		<input type="checkbox"/>		Charge 20		<input type="checkbox"/>	
Charge 11		<input type="checkbox"/>		Charge 21		<input type="checkbox"/>	
Charge 12		<input type="checkbox"/>		Charge 22		<input type="checkbox"/>	
Charge 13		<input type="checkbox"/>		Charge 23		<input type="checkbox"/>	
Charge 14		<input type="checkbox"/>		Charge 24		<input type="checkbox"/>	
Last Name:	First Name:	Middle	(SF#) Local ID Number				

SAN FRANCISCO POLICE DEPARTMENT

DAILY ARREST INFORMATION

Station	MISSION	Reporting Period	Day <u>THURS</u> Date <u>02/14/19</u> 0001 hrs.	through 2400 hrs.
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TIME	NAME	ADDRESS	DOB	SEX	CHARGES	LOCATION OF ARREST	CASE NUMBER
0154							
0840							
1751							

DRAFT moved to 2/15/19 LOG

By order of the Chief of Police, this form shall be emailed to the Department of Police Accountability (formerly OCC), Legal Division, Field Operations Bureau and Media Relations by 0900 hours daily. If no arrests are made on a specific date, the form shall still be emailed with a notation "No arrests on this date."

*Scan in black & white at 300dpi

EMMAILED @ 070
DRAFT LOGS

SFPD 307 (Rev. 04/18)



SAN FRANCISCO POLICE DEPARTMENT



PHOTO ID

NAME: [REDACTED]
[REDACTED]
AKA: [REDACTED]
AKA: [REDACTED]
MONIKER:
SF#: [REDACTED]
JAIL #: [REDACTED]
BOOKING DATE: 02-15-2019
DATE OF BIRTH: [REDACTED]
PLACE OF BIRTH: CALIFORNIA USA
SOCIAL SECURITY #: [REDACTED]
CII#: [REDACTED]
CA DRIVERS LIC #: [REDACTED]

PHYSICAL DESCRIPTION

SEX: MALE
RACE: INDIAN NATIVE
HEIGHT: 5'07"
WEIGHT: 158
EYE COLOR: HAZEL
HAIR COLOR: BROWN
GLASSES: No
BUILD: MEDIUM
COMPLEXION: CLEAR
EYE CHARACTERISTICS:
FACIAL HAIR: NONE
HAIR LENGTH: EAR

SCARS/MARKS/TATTOOS

#1.:
#2.:
#3.:

THIS IS A CERTIFIED AND CONTROLLED DOCUMENT COPY OF THE ORIGINAL SAN FRANCISCO POLICE DEPARTMENT DOCUMENT ON FILE. DUPLICATION OR REISSUANCE CONTROLLED BY LAW.
RELEASED TO: ELLEN DOLEBE/INV. DPA
BY: [Signature] DATE: 3.8.19
SAN FRANCISCO POLICE DEPARTMENT • FORENSIC SERVICES DIVISION • IDENTIFICATION SECTION
850 BRYANT STREET, SUITE 475 • SAN FRANCISCO • CALIFORNIA 94103



SAN FRANCISCO POLICE DEPARTMENT



PHOTO ID

NAME: [REDACTED]
[REDACTED]
AKA: [REDACTED]
AKA: [REDACTED]
MONIKER:
SF#: [REDACTED]
JAIL #: [REDACTED]
BOOKING DATE: 02-15-2019
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SCARS/MARKS/TATTOOS

#1.:
#2.:
#3.:

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RELEASED TO: ELLEN ROULET / INV. - DPA
BY: GR DATE: 3-8-19
SAN FRANCISCO POLICE DEPARTMENT • FORENSIC SERVICES DIVISION • IDENTIFICATION SECTION
850 BRYANT STREET, SUITE 475 • SAN FRANCISCO • CALIFORNIA 94103

Dolese, Ellen (DPA)

From: San Francisco Police Records Portal <sanfranciscopd@mycusthelp.net>
Sent: Thursday, March 21, 2019 10:19 AM
To: Ellen.Dolese@
Subject: DPA Non-Routine Request :: D007108-030619

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

--- Please respond above this line ---



March 2, 2019

Via SFPD Records Portal
Ellen.Dolese@sfgov.org

Ellen Dolese, Investigator
Department of Police Accountability
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102

RE: DPA CASE #7108-19 (ROUTINE REQUEST)

Dear Investigator Dolese:

The San Francisco Police Department (SFPD) received your request for records dated March 06, 2019. You requested, "Re DPA Case no 0081-19. Any and all Body Worn Camera video associated with [REDACTED] on 2/14/19, including but not limited to Officers Nicholas Nagai #2017, Bryan Santana #2097, Raymond Lee #469, Laura Zasly #1239, David Hoang #308, Reilly Hanson #1613, Joel Portillo #1276, Jesus Perez #233, Telma Miranda Chicas #1224, Josey Russell #1030, Kyle Deldrick #1039, Irving Garcia, Jr. #1810, Nathalie Peraza #2064, Ronald Kuchac #203, Cassie Avila # 230, Philip Leung #328, and Alexander Anton-Buzzard #124."

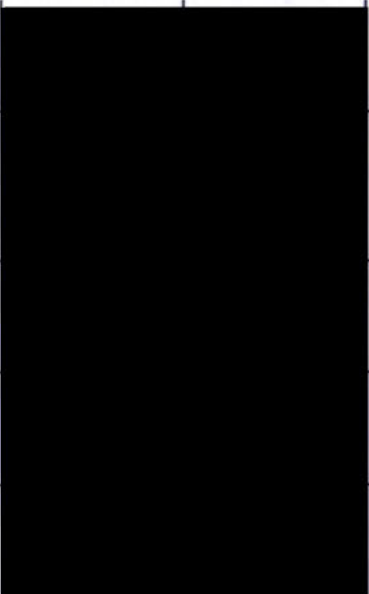
Listed below is a link that will enable you to view the Body Worn Camera (BWC) videos related to [REDACTED]. You will also find a table that references the Officer's Name, Date Recorded, Time Recorded, SFPD Incident Number, CAD # and Redactions made to the video (if any).

The link will expire in ten (10) business days. If the videos are not viewed, or download within the allotted timeframe the link will automatically expire, and you must resubmit your request.

Please note that due to the number of Body Worn Camera (BWC) videos related to CAD

[\[Click to Download\]](#)

Officer's Name	Date Recorded	Time Recorded	SFPD Incident #	CAD#	File Size	Redactions
David Hong #308 (1/1)	2/14/19	6:33 PM			266.0 MB	CLETS: (2:27-3:03), (4:10-4:18)
David Hoang #308 (2/2)	2/14/19	5:54 PM			203.4 MB	MDT: (0:00-0:12), (4:24-4:27), (4:44-11:14), (11:21-11:23)
Telma Miranda Chias #1224	2/14/19	5:54 PM			26.4 MB	No Redactions
Jesus Perez #233	2/14/19	5:54 PM			26.2 MB	No Redactions
Kyle Deidrick #1039	2/14/19	5:54 PM			94.2 MB	No Redactions
Irving Garcia 1810	2/14/19	5:52 PM			93.8 MB	MDT(3:26-4:39)
Reilly Deidrick #1613	2/14/19	5:52 PM			344.3 MB	No Redactions
Bryan Santana #2097	2/14/19	5:52 PM			82.7 MB	No Redactions
Joel Portillo #1276	2/14/19	5:52 PM			353.2 MB	MDT: (0:00-0:18)
Cassie Avila #2161	2/14/19	5:52 PM			145.8 MB	No Redactions
Phillip Leung #328	2/14/19	5:52 PM			137.2 MB	No Redactions
Nicholas Nagai #2017	2/14/19	5:52 PM			53.7 MB	No Redactions

Ronald Kuchac #203	2/14/19	5:50 PM		130.8 MB	MDT: (0:00-0:27)
Alexander Anton-Buzzard #2179	2/14/19	5:51 PM		89.4 MB	MDT: (0:00-0:07)
Kierstie Barr #129	2/14/19	5:51 PM		143.5 MB	No Redactions
Joey Russell #1030	2/14/19	5:50 PM		143.8 MB	MDT: (6:28-6:30), (6:46-6:47), (7:03-7:05)
Laura Zasly #1239	2/14/19	5:50 PM		22.3 MB	MDT: (0:00-1:32)

****Note: Redactions are made with normal transparent blur not blackout**

Please note that the documents you have requested are being processed under mandate by the San Francisco City and County Charter between our department and the Department of Police Accountability, (formerly known as the Office of Citizen Complaints). This is not considered a response under the Public Records Act or the San Francisco Sunshine Ordinance.

If you have any questions or concerns please contact Legal Assistant, Elsa Campos, at 415-575-7214.

Thank you for your attention to this matter.

Sincerely,

Lieutenant, Kathryn Waaland
Officer in Charge
Legal Division

To monitor the progress or update this request please log into the [SFPD Public Records Center](#).

This is an auto-generated email and has originated from an unmonitored email account. Please DO NOT REPLY.

USE OF FORCE

The San Francisco Police Department's highest priority is safeguarding the life, dignity and liberty of all persons. Officers shall demonstrate this principle in their daily interactions with the community they are sworn to protect and serve. The Department is committed to accomplishing this mission with respect and minimal reliance on the use of force by using rapport-building communication, crisis intervention, and de-escalation tactics before resorting to force, whenever feasible. This Department General Order builds upon the Supreme Court's broad principles in *Graham v. Connor* (1989) 490 U.S. 386 and is more restrictive than the constitutional standard and state law. The Law Enforcement Code of Ethics requires all sworn law enforcement officers to carry out their duties with courtesy, respect, professionalism, and to never employ unnecessary force. These are key factors in maintaining legitimacy with the community and safeguarding the public's trust.

This order establishes policies and reporting procedures regarding the use of force. The purpose of the policy is to guide an officer's decisions regarding the use and application of force to ensure such applications are used only to effect arrest or lawful detentions or to bring a situation under legitimate control and assist the Department in achieving its highest priority. No policy can anticipate every conceivable situation or exceptional circumstance which officers may face. In all circumstances, officers are expected to exercise sound judgment and critical decision making when using force options. It is the policy of the Department to review rigorously every instance in which a firearm is discharged, including exceptional circumstances, on a case by case basis to evaluate all facts to determine if the discharge is within policy. See DGO 3.10.

I. POLICY

- A. **SAFEGUARDING HUMAN LIFE AND DIGNITY.** The authority to use force is a serious responsibility given to peace officers by the people who expect them to exercise that authority judiciously and with respect for human rights, dignity and life.
- B. **ESTABLISH COMMUNICATION.** Communication with non-compliant subjects is often most effective when officers establish rapport, use the proper voice intonation, ask questions and provide advice to defuse conflict and achieve voluntary compliance before resorting to force options.
- C. **DE-ESCALATION.** Officers shall, when feasible, employ de-escalation techniques to decrease the likelihood of the need to use force during an incident and to increase the likelihood of voluntary compliance. Officers shall when feasible, attempt to understand and consider the possible reasons why a subject may be noncompliant or resisting arrest. A subject may not be capable of understanding the situation because of a medical condition; mental, physical, or hearing impairment; language barrier; drug interaction; or emotional crisis, and have no criminal intent. These situations

may not make the subject any less dangerous, but understanding a subject's situation may enable officers to calm the subject and allow officers to use de-escalation techniques while maintaining public and officer safety. Officers who act to de-escalate an incident, which can delay taking a subject into custody, while keeping the public and officers safe, will not be found to have neglected their duty. They will be found to have fulfilled it.

- D. **PROPORTIONALITY.** When determining the appropriate level of force, officers shall, when feasible, balance the severity of the offense committed and the level of resistance based on the totality of the circumstances known to or perceived by the officer at the time. It is particularly important that officers apply proportionality and critical decision making when encountering a subject who is armed with a weapon other than a firearm.
- E. **CRISIS INTERVENTION.** When feasible, Crisis Intervention Team (CIT) trained officers shall respond to calls for service involving individuals in mental or behavioral health crisis pursuant to the CIT Department General Order 2016 version, or as amended.
- F. **DUTY TO INTERVENE.** When in a position to do so, officers shall intervene when they know or have reason to know, that another officer is about to use, or is using, unnecessary force. Officers shall promptly report any use of unnecessary force and the efforts made to intervene to a supervisor.
- G. **FAIR AND UNBIASED POLICING.** Members shall carry out their duties, including the use of force, in a manner that is fair and unbiased pursuant to Department General Order 5.17.
- H. **VULNERABLE POPULATIONS.** The use of force against vulnerable populations – including children, elderly persons, pregnant women, people with physical and mental disabilities and people with limited English proficiency – can undermine public trust and should be used as a last resort, when all other reasonable means have been exhausted.

II. DEFINITIONS:

- A. **FEASIBLE.** Capable of being done or carried out to successfully achieve the arrest or lawful objective without increasing risk to the officer or another person.
- B. **IMMEDIATE THREAT.** An immediate threat is considered to exist if a suspect has demonstrated actions that would lead one to reasonably believe that the suspect will continue to pose a threat if not apprehended without delay. A person is an immediate threat if the officer reasonably believes the person has the present intent, means, opportunity and ability to complete the threat regardless of whether the threatened action has been initiated.

- C. **MINIMAL AMOUNT OF FORCE NECESSARY.** The lowest level of force within the range of objectively reasonable force that is necessary to effect an arrest or achieve a lawful objective without increasing the risk to others.
- D. **PERSONAL BODY WEAPONS.** An officer's use of his/her body part, including but not limited to hand, foot, knee, elbow, shoulder, hip, arm, leg or head by means of high velocity kinetic energy transfer (impact) to gain control of a subject.
- E. **REASONABLE FORCE.** An objective standard of force viewed from the perspective of a reasonable officer, without the benefit of 20/20 hindsight, and based on the totality of the circumstances known to or perceived by the officer at the time.
- F. **REPORTABLE FORCE.** Any use of force which is required to overcome subject resistance to gain compliance that results in death, injury, complaint of injury in the presence of an officer, or complaint of pain that persists beyond the use of a physical control hold. Any use of force involving the use of personal body weapons, chemical agents, impact weapons, extended range impact weapons, vehicle interventions, and firearms. Any intentional pointing of a firearm at a subject.
- G. **SERIOUS BODILY INJURY.** A serious impairment of physical condition, including but not limited to loss of consciousness, concussion, bone fracture, protracted loss or impairment of function of any bodily member or organ, a wound requiring extensive suturing, and serious disfigurement.
- H. **VITAL AREAS OF THE BODY.** The head, neck, face, throat, spine, groin and kidney.

III. CONSIDERATIONS GOVERNING ALL USES OF FORCE

- A. **USE OF FORCE MUST BE FOR A LAWFUL PURPOSE.** Officers may use reasonable force options in the performance of their duties, in the following circumstances:
 - 1. To effect a lawful arrest, detention, or search.
 - 2. To overcome resistance or to prevent escape.
 - 3. To prevent the commission of a public offense.
 - 4. In defense of others or in self-defense.
 - 5. To gain compliance with a lawful order.
 - 6. To prevent a person from injuring himself/herself. **However, an officer is prohibited from using lethal force against a person who presents only a danger to himself/herself and does not pose an immediate threat of death or serious bodily injury to another person or officer.**
- B. **USE OF FORCE EVALUATION.** The United States Supreme Court in *Graham v. Connor* (1989) 490 U.S. 386 held that an officer's use of force must be objectively reasonable under the totality of circumstances known to the officer at the time. This General Order builds upon the broad principles in *Graham* by adding additional

factors upon which an officer's use of force shall be evaluated. This General Order is more restrictive than the constitutional standard and state law. Officers must strive to use the minimal amount of force necessary.

1. The reasonableness of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than 20/20 hindsight, and without regard to the officer's underlying intent or motivation.
2. Factors for evaluating the use of force include but are not limited to:
 - a. The severity of the crime at issue;
 - b. Whether the suspect posed an immediate threat to the safety of the officers or others;
 - c. Whether the suspect is actively resisting arrest or attempting to evade arrest by flight;
 - d. Whether the use of force is proportional to the threat;
 - e. The availability of other feasible, less intrusive force options;
 - f. The officer's tactical conduct and decisions preceding the use of force;
 - g. Whether the officer has reason to believe that the subject is mentally ill, has a physical, developmental or cognitive disability, is emotionally disturbed or is under the influence of alcohol or drugs;
 - h. Whether there was an opportunity to warn about the use of force prior to force being used, and if so, was such a warning given;
 - i. Whether there was any assessment by the officer of the subject's ability to cease resistance and/or comply with the officer's commands;
 - j. Specialized knowledge, skills, or abilities of subjects;
 - k. Prior contact;
 - l. Environmental factors, including but not limited to lighting, footing, sound conditions, crowds, traffic and other hazards; and
 - m. Whether the subject's escape could pose a future safety risk.

Not all of the above factors may be present or relevant in a particular situation, and there may be additional factors not listed.

- C. DE-ESCALATION. When encountering a non-compliant subject or a subject armed with a weapon other than a firearm, officers shall when feasible, use the following de-escalation tactics in an effort to reduce the need or degree of force:

1. Attempt to isolate and contain the subject;
2. Create time and distance from the subject by establishing a buffer zone (reactionary gap) and utilize cover to avoid creating an immediate threat that may require the use of force;
3. Request additional resources, such as Crisis Intervention Team (CIT) trained officers, Crisis/Hostage Negotiation Team, or Extended Range Impact Weapon;
4. Designate an officer to establish rapport and engage in communication with the subject;

5. Tactically re-position as often as necessary to maintain the reactionary gap, protect the public, and preserve officer safety; and
6. Continue de-escalation techniques and take as much time as reasonably necessary to resolve the incident, without having to use force, if feasible.

Other options, not listed above, may be available to assist in de-escalating the situation.

Supervisors who become aware of a situation where an officer is using de-escalation techniques shall monitor the radio communications and evaluate the need to respond to the scene.

- D. **CRITICAL DECISION-MAKING MODEL.** Using a critical decision-making model, officers shall collect information, assess the threats and risk, consider police powers and the Department's policies, identify options and determine the best course of action, and review and re-assess the situation.
- E. **UNLAWFUL PURPOSES.** Penal Code Section 149 provides criminal penalties for every public officer who "under color of authority, without lawful necessity, assaults or beats any person." An assault and battery committed by officers constitute gross and unlawful misconduct and will be criminally investigated.
- F. **SUBJECT ARMED WITH A WEAPON – NOTIFICATION AND COMMAND.** In situations where a subject is armed with a weapon, officers and supervisors shall comply with the following:
 1. **OFFICER'S RESPONSIBILITY.** Upon being dispatched to or on-viewing a subject with a weapon, an officer shall call a supervisor as soon as feasible.
 2. **SUPERVISORS' RESPONSIBILITIES.** When notified that officers are dispatched to or on-view a subject armed with a weapon, a supervisor shall as soon as feasible:
 - a. Notify DEM, monitor radio communications, respond to the incident (e.g., "3X100, I'm monitoring the incident and responding.");
 - b. Notify officers, absent a "Code 33" or other articulable reasons why it would be unsafe to do so, to use time, distance and/or other de-escalation tactics (as defined in Section III.C.1-6), if appropriate;
 - c. Upon arrival, where appropriate, the supervisor shall assume command, and ensure appropriate resources are on-scene or are responding.

IV. LEVELS OF RESISTANCE.

- A. **COMPLIANT.** Subject offers no resistance.
- B. **PASSIVE NON-COMPLIANCE.** Does not respond to verbal commands but also offers no physical form of resistance.

- C. **ACTIVE RESISTANCE.** Physically evasive movements to defeat an officer's attempt at control including bracing, tensing, running away, verbally or physically signaling an intention to avoid or prevent being taken into or retained in custody.
- D. **ASSAULTIVE.** Aggressive or combative; attempting to assault the officer or another person, verbally or physically displays an intention to assault the officer or another person.
- E. **LIFE-THREATENING.** Any action likely to result in serious bodily injury or death of the officer or another person.

V. LEVELS OF FORCE.

Officers shall strive to use the minimum amount of force necessary to accomplish their lawful purpose.

- A. **LOW LEVEL FORCE.** The level of control necessary to interact with a subject who is or displaying passive or active resistance. This level of force is not intended to and has a low probability of causing injury.
- B. **INTERMEDIATE FORCE.** This level of force poses a foreseeable risk of significant injury or harm, but is neither likely nor intended to cause death. Intermediate force will typically only be acceptable when officers are confronted with active resistance and a threat to the safety of officers or others. Case law decisions have specifically identified and established that certain force options such as OC spray, impact projectiles, K-9 bites, and baton strikes are classified as intermediate force likely to result in significant injury.
- C. **DEADLY FORCE.** Any use of force substantially likely to cause serious bodily injury or death, including but not limited to the discharge of a firearm, the use of an impact weapon under some circumstances, other techniques or equipment, and certain interventions to stop a subject's vehicle (see DGO 5.05, Response and Pursuit Driving.)

VI. FORCE OPTIONS.

The force options authorized by the Department are physical controls, personal body weapons, chemical agents, impact weapons, extended range impact weapons, vehicle interventions, K-9 bites and firearms. These are the force options available to officers, but officers are not required to use these force options based on a continuum. While deploying a particular force option and when feasible, officers shall continually evaluate whether the force option may be discontinued while still achieving the arrest or lawful objective.

- A. **TOOLS AND TECHNIQUES FOR FORCE OPTIONS.** The following tools and techniques are not in a particular order nor are they all inclusive.

- Verbal Commands/Instructions/Command Presence
- Control Holds/Takedowns
- Impact Weapons
- Chemical Agents (Pepper Spray, OC, etc.)
- K-9 Bite
- Vehicle Intervention (Deflection)
- Firearms
- Personal Body Weapons
- Impact Projectile

B. **PHYSICAL CONTROLS/PERSONAL BODY WEAPONS.** Physical controls, such as control holds, takedowns, strikes with personal body weapons, and other weaponless techniques are designed to gain compliance of and/or control over uncooperative or resistant subjects.

1. **PURPOSE.** When a subject offers some degree of passive or active resistance to a lawful order, in addition to de-escalation techniques and appropriate communication skills, officers may use physical controls consistent with Department training to gain compliance. A subject's level of resistance and the threat posed by the subject are important factors in determining what type of physical controls or personal body weapons should be used.
2. **USE.** Officers shall consider the relative size and possible physical capabilities of the subject compared to the size, physical capabilities, skills, and experience of the officer. When faced with a situation that may necessitate the use of physical controls, officers shall consider requesting additional resources to the scene prior to making contact with the subject, if feasible. Different physical controls involve different levels of force and risk of injury to a subject or to an officer. Some physical controls may actually involve a greater risk of injury or pain to a subject than other force options.
3. **PROHIBITED USE OF CHOKE HOLDS.** Officers are prohibited from using the following control holds:
 - a. Carotid restraint;
 - b. Choke hold--choking by means of pressure to the subject's trachea or other means that prevent breathing.
4. **MANDATORY MEDICAL ASSESSMENT.** Any subject who has been injured, complains of an injury in the presence of officers, or complains of pain that persists beyond the use of the physical control hold shall be medically assessed by emergency medical personnel.
5. **REPORTING.** Use of physical controls is a reportable use of force when the subject is injured, complains of injury in the presence of officers, or complains

of pain that persists beyond the use of a physical control hold. Striking a subject with a personal body weapon is a reportable use of force.

C. **CHEMICAL AGENTS.** Chemical agents, such as Oleoresin Capsicum (OC) Spray, are designed to cause irritation and temporarily incapacitate a subject.

1. **PURPOSE.** Chemical agents can be used to subdue an unarmed attacker or to overcome active resistance (unarmed or armed with a weapon other than a firearm) that is likely to result in injury to either the subject or the officer. In many instances, chemical agents can reduce or eliminate the necessity to use other force options to gain compliance, consistent with Department training.
2. **WARNING.** Officers shall provide a warning prior to deploying a chemical agent, if feasible:
 - a. Announce a warning to the subject and other officers of the intent to deploy the chemical agent if the subject does not comply with officer commands; and
 - b. Give the subject a reasonable opportunity to voluntarily comply unless it would pose a risk to the public or the officer, or permit the subject to undermine the deployment of the chemical agent.
3. **MANDATORY FIRST AID.** At the scene or as soon as possible, officers shall administer first aid by:
 - a. Seating the subject or other person(s) exposed to a chemical agent in an upright position, and
 - b. Flushing his/her eyes out with clean water and ventilate with fresh air.
4. **MANDATORY MEDICAL ASSESSMENT.** Any person exposed to a chemical agent shall be medically assessed by emergency medical personnel. Any exposed person shall be kept under direct visual observation until he/she has been medically assessed. If an exposed person loses consciousness or has difficulty breathing, an officer shall immediately request for emergency medical personnel, render first aid and monitor the subject until relieved by emergency medical personnel. Officers shall notify dispatch to expedite emergency medical personnel if the person loses consciousness or has difficulty breathing.
5. **TRANSPORTATION.** Subjects in custody exposed to a chemical agent must be transported in an upright position by two officers. The passenger officer shall closely monitor the subject for any signs of distress. If the subject loses consciousness or has difficulty breathing, officers shall immediately seek emergency medical attention. Hobble cords or similar types of restraints shall only be used to secure a subject's legs together. They shall not be used to connect the subject's legs to his/her waist or hands or to a fixed object.

6. **BOOKING FORM.** Officers shall note on the booking form that the subject has been exposed to a chemical agent.
 7. **REPORTING.** If an officer deploys a chemical agent on or near someone, it is a reportable use of force.
- D. **IMPACT WEAPON.** Department issued and authorized impact weapons include the 26" straight wooden baton, the 36" straight wooden baton, the wooden or polymer Yawara stick, the 21' to 29" telescopic metal baton and the wooden bokken, and are designed to temporarily incapacitate a subject.
1. **PURPOSE.** An impact weapon may be used in accordance to Department training to administer strikes to non-vital areas of the body, which can subdue an assaultive subject who is actively resisting and poses a threat to the safety of officers or others. Only Department issued or authorized impact weapons shall be used. Officers may resort to the use of other objects as impact weapons, such as a flashlight or police radio, if exigent circumstances exist, and officers shall articulate in writing the reason for doing so.
 2. **WARNING.** When using an impact weapon, an officer shall, if feasible:
 - a. Announce a warning to the subject of the intent to use the impact weapon if the subject does not comply with officer's commands; and
 - b. Give the subject a reasonable opportunity to voluntarily comply, except that officers need not do so where it would pose a risk to the public or the officer or permit the subject to undermine the use of the impact weapon.
 3. **RESTRICTED USES.** Unless exigent circumstances exist, officers shall not intentionally strike vital areas, including the head, neck, face, throat, spine, groin or kidney. The use of an impact weapon to a vital area has a likelihood of causing serious bodily injury or death, and the intentional use of an impact weapon to these areas shall only be used in situations where lethal force is justified.
 4. **PROHIBITED USES.** Officers shall not:
 - a. Use the impact weapon to intimidate a subject or person, such as slapping the palm of their hand with an impact weapon where neither the use of an impact weapon or impact weapon warning is appropriate.
 - b. Strike a handcuffed prisoner who poses no threat. This action is inappropriate and may result in disciplinary action and/or criminal prosecution.
 5. **MANDATORY MEDICAL ASSESSMENT.** Any officer who strikes a subject with an impact weapon shall ensure the subject is medically assessed.

6. **REPORTING.** If an officer strikes a subject with an impact weapon, it is a reportable use of force.

E. **EXTENDED RANGE IMPACT WEAPON (ERIW).** An Extended Range Impact Weapon (ERIW), such as a beanbag shotgun, is a weapon that fires a bean bag or other projectile designed to temporarily incapacitate a subject. An ERIW is generally not considered to be a lethal weapon when used at a range of 15 feet or more.

1. **PURPOSE.** The ERIW may be used on a subject who is armed with a weapon, other than a firearm, that could cause serious injury or death. This includes, but is not limited to, edged weapons and improvised weapons such as baseball bats, bricks, bottles, or other objects. The ERIW may also be used in accordance with Department training to subdue an aggressive, unarmed subject who poses an immediate threat of serious injury to another person or the officer.
2. **USE.** The ERIW shall be properly loaded and locked in the shotgun rack of the passenger compartment of the vehicle. Officers shall observe the following guidelines:
 - a. An officer deploying an ERIW shall always have a lethal cover officer. When more than one officer is deploying an ERIW, tactical judgment and scene management in accordance with Department training will dictate the appropriate number of ERIW and lethal cover officers.
 - b. The ERIW officer's point of aim shall be Zone 2 (waist and below). The ERIW officer's point of aim may be Zone 1 (waist and above) if:
 - i. Zone 2 is unavailable; or
 - ii. The ERIW officer is delivering the round from 60 feet; or
 - iii. Shots to Zone 2 have been ineffective or in the officer's judgment a shot to zone 2 would be ineffective.

Officer shall articulate in writing the reason for intentionally aiming the ERIW at Zone 1.

- c. The use of an ERIW to a vital area has a likelihood of causing serious bodily injury or death, and the intentional use of an ERIW to these areas shall only be used in situations where deadly force is justified.
 - d. The ERIW officer shall assess the effect of the ERIW after each shot. If subsequent ERIW rounds are needed, the officer shall aim at a different target area.
3. **LIMITED USES.** The ERIW should not be used in the following circumstances (unless the use of deadly force is appropriate):
 - a. The subject is at the extremes of age (elderly and children) or physically frail.

- b. The subject is in an elevated position where a fall is likely to cause serious injury or death.
 - c. The subject is known to be or appears pregnant.
 - d. At ranges of less than 15 feet.
- 4. WARNING. When using the ERIW, an officer shall, if feasible:
 - a. Announce to other officers the intent to use the ERIW by stating "Red Light! Less Lethal! Less Lethal!"
 - b. All other officers at scene to acknowledge imminent deployment of ERIW by echoing, "Red Light! Less Lethal! Less Lethal!"
 - c. Announce a warning to the subject that the ERIW will be used if the subject does not comply with officer commands;
 - d. Give the subject a reasonable opportunity to voluntarily comply unless it would pose a risk to the community or the officer, or permit the subject to undermine the deployment of the ERIW.
- 5. MANDATORY MEDICAL ASSESSMENT. Any subject who has been struck by an ERIW round shall be medically assessed by emergency medical personnel.
- 6. BOOKING FORM. Persons who have been struck by an ERIW round shall have that noted on the booking form.
- 7. REPORTING. Discharge of an ERIW is a reportable use of force.
- F. VEHICLE INTERVENTIONS. An officer's use of a police vehicle as a "deflection" technique, creation of a roadblock by any means, or deployment of spike strips, or any other interventions resulting in the intentional contact with a noncompliant subject's vehicle for the purpose of making a detention or arrest, are considered a use of force and must be objectively reasonable under the circumstances. The Department's policies concerning such vehicle intervention tactics are set forth in DGO 5.05, Response and Pursuit Driving.
- G. FIREARMS AND OTHER DEADLY FORCE. It is the policy of this Department to use deadly force only as a last resort when reasonable alternatives have been exhausted or are not feasible to protect the safety of the public and police officers. The use of firearms and other deadly force is the most serious decision an officer may ever make. When safe and feasible under the totality of circumstances, officers shall consider other objectively reasonable force options before discharging a firearm or using other deadly force.
 - 1. HANDLING, DRAWING AND POINTING FIREARMS.

- a. **HANDLING FIREARMS.** An officer shall handle and manipulate a firearm in accordance with Department-approved firearms training. An officer shall not manually cock the hammer of the Department-issued handgun to defeat the first shot double-action feature.
- b. **AUTHORIZED USES.** An officer may draw, exhibit or point a firearm in the line of duty when the officer has reasonable cause to believe it may be necessary for the safety of others or for his or her own safety. When an officer determines that the threat is over, the officer shall holster his or her firearm or shoulder the weapon in the port arms position pointed or slung in a manner consistent with Department approved firearms training.
- c. **DRAWING OTHERWISE PROHIBITED.** Except for maintenance, safekeeping, inspection by a superior officer, Department-approved training, or as otherwise authorized by this order, an officer shall not draw a Department issued firearm.
- d. **POINTING A FIREARM AT A PERSON.** The pointing of a firearm at a person is a seizure and requires legal justification. No officer shall point a firearm at or in the direction of a person unless there is a reasonable perception of a substantial risk that the situation may escalate to justify deadly force. If an officer points a firearm at a person, the officer shall, if feasible, safe and when appropriate, advise the subject the reason why the officer(s) pointed the firearm.
- e. **REPORTING.** When an officer intentionally points any firearm at a person, it shall be considered a reportable use of force. Such use of force must be reasonable under the objective facts and circumstances.

2. **DISCHARGE OF FIREARMS OR OTHER USE OF DEADLY FORCE.**

- a. **PERMISSIBLE CIRCUMSTANCES.** Except as limited by Sections VI.G.2.d. and e., an officer may discharge a firearm or use other deadly force in any of the following circumstances. The circumstances below (2.a.i-iv) apply to a discharge of a firearm or application of deadly force:
 - i. In self-defense when the officer has reasonable cause to believe that he or she is in immediate danger of death or serious bodily injury; or
 - ii. In defense of another person when the officer has reasonable cause to believe that the person is in immediate danger of death or serious bodily injury. However, an officer may not discharge a firearm at, or use deadly force against, a person who presents a danger only to him or herself, and there is no reasonable cause to believe that the person poses an immediate danger of death or serious bodily injury to the officer or any other person; or
 - iii. To apprehend a person when both of the following circumstances exist:

- The officer has reasonable cause to believe that the person has committed or has attempted to commit a violent felony involving the use or threatened use of deadly force; AND
- The officer has reasonable cause to believe that a substantial risk exists that the person will cause death or serious bodily injury to officers or others if the person's apprehension is delayed; or

iv. To kill an animal posing an immediate threat.

Officers shall reassess the situation, when feasible and safe, to determine whether the subject continues to pose an active threat.

- b. **VERBAL WARNING.** If feasible, and if doing so would not increase the danger to the officer or others, an officer shall give a verbal warning to submit to the authority of the officer before discharging a firearm or using other deadly force.
 - c. **REASONABLE CARE FOR THE PUBLIC.** To the extent feasible, an officer shall take reasonable care when discharging his or her firearm so as not to jeopardize the safety of the public or officers.
 - d. **PROHIBITED CIRCUMSTANCE.** Officers shall not discharge their firearm:
 - i. As a warning; or
 - ii. At a person who presents a danger only to him or herself.
 - e. **MOVING VEHICLES.** An officer shall not discharge a firearm at the operator or occupant of a moving vehicle unless the operator or occupant poses an immediate threat of death or serious bodily injury to the public or an officer by means other than the vehicle. Officers shall not discharge a firearm from his or her moving vehicle.
3. **RENDERING OR REQUESTING MEDICAL AID.** Following the use of deadly force, officers shall render or request medical aid if needed or requested by anyone as soon as reasonably possible.
4. **REPORTING.**
- a. **DISCHARGE OF FIREARMS.** Except for firearm discharges at an approved range or during lawful recreational activity, an officer who discharges a firearm, either on or off duty, shall report the discharge as required under DGO 8.11, Investigation of Officer Involved Shootings and Discharges. This includes an intentional or unintentional discharge, either within or outside the City and County of San Francisco.
 - b. **OTHER DEADLY FORCE.** An officer who applies other force that results in death shall report the force to the officer's supervisor, and it

shall be investigated as required under DGO 8.12, In Custody Deaths. An officer who applies other deadly force that results in serious bodily injury shall report the force to the officer's supervisor. The supervisor shall, regardless whether possible misconduct occurred, immediately report the force to their superior officer and their commanding officer, who shall determine which unit shall be responsible for further investigation. An officer who applies other deadly force that does not result in serious bodily injury shall report the force.

The following chart illustrates how a suspect's resistance/actions can correlate to the force applied by the officer:

Subject's Actions	Description	Possible Force Option
Compliance	Subject offers no resistance	<ul style="list-style-type: none"> • Mere professional appearance • Nonverbal actions • Verbal requests and commands • Handcuffing and control holds
Passive non-compliance	Does not respond to verbal commands but also offers no physical form of resistance	<ul style="list-style-type: none"> • Officer's strength to take physical control, including lifting/carrying • Pain compliance control holds, takedowns and techniques to direct movement or immobilize
Active resistance	Physically evasive movements to defeat an officer's attempt at control, including bracing, tensing, running away, verbally, or physically signaling an intention to avoid or prevent being taken into or retained in custody	<ul style="list-style-type: none"> • Use of personal body weapons to gain advantage over the subject • Pain compliance control holds, takedowns and techniques to direct movement or immobilize a subject
Assaultive	Aggressive or combative; attempting to assault the officer or another person, verbally or physically	<ul style="list-style-type: none"> • Use of devices and/or techniques to ultimately gain control of the situation

Subject's Actions	Description	Possible Force Option
	displays an intention to assault the officer or another person	<ul style="list-style-type: none"> • Use of personal body weapons to gain advantage over the subject
Life-threatening	Any action likely to result in serious bodily injury or death of the officer or another person	<ul style="list-style-type: none"> • Utilizing firearms or any other available weapon or action in defense of self and others to stop the threat • Vehicle intervention (Deflection)

VII. USE OF FORCE REPORTING

A. **REPORTABLE USES OF FORCE.** Officers shall report any use of force involving physical controls when the subject is injured, complains of injury in the presence of officers, or complains of pain that persists beyond the use of a physical control hold. Officers shall also report any use of force involving the use of personal body weapons, chemical agents, impact weapons, ERIWs, vehicle interventions, K-9 bites, and firearms. Additionally, officers shall report the intentional pointing of firearms at a subject.

1. **NOTIFICATION OF USE OF FORCE.** An officer shall notify his/her supervisor immediately or as soon as practical of any reportable use of force. A supervisor shall be notified if an officer receives an allegation of excessive force.
2. **EVALUATION OF USE OF FORCE.** A supervisor shall conduct a use of force evaluation in all cases involving a reportable use of force.
3. **EXCESSIVE USE OF FORCE.** Every allegation of excessive force shall be subject to the reporting and investigative requirements of this General Order and applicable disciplinary policies.

B. PROCEDURES

1. **OFFICER'S RESPONSIBILITY.** Any reportable use of force shall be documented in detail in an incident report, supplemental incident report, or statement form. Descriptions shall be in clear, precise and plain language and shall be as specific as possible.
 - a. When the officer using force is preparing the incident report, the officer shall include the following information:

- i. The subject's action necessitating the use of force, including the threat presented by the subject;
 - ii. Efforts to de-escalate prior to the use of force; and if not, why not;
 - iii. Any warning given and if not, why not;
 - iv. The type of force used;
 - v. Injury sustained by the subject;
 - vi. Injury sustained by the officer or another person;
 - vii. Information regarding medical assessment or evaluation, including whether the subject refused;
 - viii. The supervisor's name, rank, star number and the time notified.
- b. In the event that an officer cannot document his/her use of force due to exceptional circumstances, another officer shall document this use of force in an incident report, supplemental incident report or statement form at the direction of a supervisor.

2. **SUPERVISOR'S RESPONSIBILITY.** When notified of the use of force, the supervisor shall conduct a supervisory evaluation to determine whether the force used appears reasonable and within the provisions of this order. The supervisor shall:

- a. Immediately respond to the scene unless a response is impractical, poses a danger, or where officers' continued presence creates a risk. When more than one supervisor responds, the responsibility shall fall on the senior supervisor;
- b. Ensure the scene is secure and observe injured subjects or officers;
- c. Ensure that witnesses (including officers) are identified and interviewed, and that this information is included in the incident report. The number of witnesses may preclude identification and interview of all witnesses, however supervisors shall ensure identification to the best of their ability;
- d. Ensure photographs of injuries are taken and all other evidence is booked;
- e. Remain available to review the officer's incident report, supplemental incident report and written statement at the direction of the superior officer. A supervisor shall not approve an incident report or written statement involving a use of force that does not comply with the requirements as set forth in VII.B.1. above;
- f. If applicable, ensure the supervisor's reason for not responding to the scene is included in the incident report.
- g. Complete and submit the Supervisory Use of Force Evaluation form, indicating whether the force used appears reasonable, by the end of watch;
- h. Complete the Use of Force Log (SFPD 128) and attach one copy of the incident report by the end of watch.

If a supervisor determines that a member's use of force is unnecessary or that an officer has applied force that results in serious bodily injury or death, the supervisor shall notify his/her superior officer.

3. SUPERIOR OFFICER'S RESPONSIBILITY. When a superior officer is notified of a supervisor's preliminary determination of unnecessary force or force that results in serious bodily injury or death, the superior officer shall:
 - a. Respond to the scene and assume command, as practical;
 - b. Notify the commanding officer and ensure all other notifications are made consistent with DGO 1.06, Duties of Superior Officers, and, in cases of unnecessary force, notification and submission of any documentation to the Office of Citizen Complaints, consistent with DGO 2.04, (Citizen Complaints Against Officers);
 - c. Determine which unit(s) will be responsible for the on-going investigation(s);
 - d. Prepare a report containing preliminary findings, conclusions and/or recommendations, if appropriate.

C. OTHER REQUIREMENTS.

1. USE OF FORCE LOG. The following units shall maintain a Use of Force Log:
 - a. District Stations
 - b. Airport Bureau
 - c. Department Operations Center
2. RECORDING PROCEDURES. Supervisors shall document a reportable use of force for all officers – including those officers assigned to specialized units – in the Use of Force Log at the District Station where the use of force occurred, except as noted below:
 - a. Any use of force occurring outside the city limits, except at the San Francisco International Airport, shall be recorded in the Department Operations Center's Use of Force Log.
 - b. Any use of force occurring at the San Francisco International Airport shall be recorded in the Airport Bureau's Use of Force Log.
3. DOCUMENT ROUTING.
 - a. Commanding officers shall forward the original completed Supervisor's Use of Force Evaluation Form(s) to the Commanding Officer of Risk Management and one copy to the Commanding Officer of the Training Division and another to the officer's Bureau Deputy Chief no later than the end of the watch. This information shall be entered into the Use of Force database at Risk Management to generate monthly reports as described in section C (5) below.
 - b. On the Monday of each week, unless a holiday, and then on Tuesday, commanding officers shall sign the Use of Force Log and send it, along

with one copy of the incident report, to their respective Bureau Deputy Chief and one copy of the Use of Force Log with copies of the incident reports to the Commanding Officers of the Training Division and Risk Management.

4. **TRAINING DIVISION RESPONSIBILITIES.** The Commanding Officer of the Training Division will maintain controls that assure all Use of Force Logs and Supervisor Evaluations are received, and shall perform a non-punitive review to ascertain the number, types, proper application and effectiveness of uses of force. The information developed shall be used to identify training needs.
5. **RISK MANAGEMENT RESPONSIBILITIES.** The Commanding Officer of the Risk Management shall general report bi-weekly (1st and 15th) to the Chief of Police on the use of force by Department members that includes comprehensive use of force statistics consistent with current federal, state and local laws on use of force reporting.
6. **DATA COLLECTION AND ANALYSIS.** The Department will collect and analyze its use of force data in the Risk Management Use of Force database. The Use of Force statistics and analysis will include at a minimum:
 - a. The type of force
 - b. The types and degree of injury to suspect and officer
 - c. Date and time
 - d. Location of the incident
 - e. Officer's unit
 - f. District station where the use of force occurred
 - g. Officer's assignment
 - h. Number of officers using force in the incident
 - i. Officer's activity when force was used (ex. Handcuffing, search warrant, pursuit)
 - j. Subject's activity requiring the officer to use force
 - k. Officer's demographics (age, gender, race/ethnicity, rank, number of years with SFPD, number of years as a police officer)
 - l. Suspect demographics including race/ethnicity, age, gender, gender identity, primary language and other factors such as mental illness, cognitive impairment, developmental disability, drug and alcohol use/addiction and homeless.

The Department will post on a monthly basis on its website comprehensive use of force statistics and analysis and provide a written use of force report to the Police Commission annually.



A
17-006
1/9/17

Supervisory Use of Force Evaluation Form (Supersedes DB 15-237, Amends DGO 5.01)

The purpose of this bulletin is to outline the new legislative mandate regarding the collection of certain biographical data on reportable use of force incidents as well as inform them of the new Supervisory Use of Force Evaluation form that will be used in addition to the current Use of Force Log.

Every reportable use of force incident **shall** require a supervisor to respond to the scene and conduct a Supervisory Use of Force Evaluation unless a response is impractical, poses a danger, or where officers' continued presence creates a risk. (DGO 5.01 Rev. 12/21/16) The evaluation shall be filled out in its entirety for each use of force incident. If more than one subject or officer is involved in the incident, a supervisor shall utilize the Additional Subject(s) or Additional Officer(s) forms.

Once the supervisor has completed the Supervisory Use of Force Evaluation Form (SFPD 575B), it must be signed by the completing supervisor and submitted to the on-duty platoon commander by the end of watch. The platoon commander shall review the form and forward it to their captain for approval. The captain, or his/her designee is responsible for scanning the completed Use of Force Evaluation Form and emailing it to sfpdeisadmin@sfgov.org by the end of their watch except on weekend or holidays.

Commanding officers shall forward the original completed Supervisory Use of Force Evaluation Form(s) to the commanding officer of Risk Management and one copy to the commanding officer of the Training Division and another to the officer's Bureau Deputy Chief no later than the end of the watch. A hard copy or electronic copy shall be kept at each station/unit where the force occurred for future reference.

Supervisors shall ensure that a separate entry for each reportable use of force is made to the Use of Force Log for each subject involved. On the Monday of each week, unless a holiday, and then on Tuesday, commanding officers shall sign the Use of Force Log and send it, along with one copy of the incident report, to their respective Bureau Deputy Chief and one copy of the Use of Force Log with copies of the incident reports to the commanding officers of the Training Division and Risk Management.

The officer completing the incident report shall document in the narrative which supervisor responded to the scene and completed the Supervisory Use of Force Evaluation Form and made entry into the Use of Force Log. **Do not attach a copy of the Supervisory Use of Force Evaluation form to the police report.**

A copy of the new Supervisory Use of Force Evaluation form (SFPD Form 575B) can be located in the desktop file "SFPD Forms" and is attached to this bulletin along with a step by step completion guide (SFPD 575A) as well as an updated Use of Force Log (SFPD 128 Rev. 01/17).

Reference:

DGO 5.01 Use of Force

DGO 5.21 The Crisis Intervention Team (CIT) Response to Person in Crisis Calls for Service

San Francisco Administrative Code 96A - Mandating Data Collection and Reporting of Detentions and Traffic Stops

TONEY D. CHAPLIN
Interim Chief of Police

Per DB 15-141, both sworn and non-sworn members are required to electronically acknowledge this Department Bulletin in HRMS.

Complies with DOJ recommendation #8.1.

SFDPA - 0081-19 - 000053



San Francisco Police Department Supervisory Use of Force Evaluation



Step by Step Form Completion Guide

INCIDENT NUMBER:	Date:	Time:	Day of Wk:
SFPD CAD#:	Type of Incident: --		
On View <input type="checkbox"/> Dispatch <input type="checkbox"/>	Critical Incident/Special Event:		
Location of Occurrence:		District of Occurrence:	

1	INCIDENT NUMBER:	SFPD Case #
2	Date:	Date of the actual incident. Date of format: MM/DD/YY. (Ex. 05/30/16)
3	Time:	Time the form is being completed (Ex. Use 24 hour format)
4	Day of Week:	Monday through Sunday
5	SFPD CAD#:	Enter SFPD CAD#
6	Type of Incident:	Main Title Used for Police Report (i.e. Robbery w/Handgun)
7	On View/Dispatch:	Choose whether the incident began as: On View (if officer on viewed the incident prior to force being used) Dispatch (the incident originated from a 911 caller that dispatch relayed to officer's involved.)
8	Critical Incident/Special Event:	This section should only be filled out if force was used at a particular event or critical incident (i.e. World Series Event, Pride Parade, Demo)
9	Location of Occurrence:	Exact address where force was used (Specify if outside of SF)
10	District of Occurrence:	District where the use of force occurred, even if different from station the officer is assigned. (Ex. Co A, Co B, Co C....)

Use of Force Time Line Section

Use of Force Time Line (Use 24 Hour Format)	
Supervisory Officer Rank, Name & Star No.:	Broadcast Time of Use of Force:
	Supervisor On Scene Time:
	Officer Initial Contact Time:
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?	

11	Supervisory Officer Rank, Name and Star No.:	Q50, Smith, Jane, 1234
12	Broadcast Time of Use of Force:	Use CAD to determine when officer made dispatch aware that force was used.
13	Supervisor On Scene Time:	Use the time the first supervisor arrived on scene, does not need to be supervisor who is completing the form.
14	Officer Initial Contact Time:	This is the time the officer(s) first made contact with the Subject who force was used against.
15	Did Supervisor Respond to Scene:	Did a supervisor (Sergeant rank or above) respond to the scene. If no, please describe why (Ex. Responded to hospital with officer, stuck on another call (specific call))

Subject # 1 Section

Subject #1		Subject Name:		DOB:	
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>					
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/>		Language: _____ Height: _____ Weight: _____	
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/>		Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/> Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description: _____			
Photo Taken By: _____		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>			
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name: _____			
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Reason for Use of Force (DGO 5.01):			
Hospital Name: _____		<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer			
Subject Armed:		Type of Weapon:			
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Firearm <input type="checkbox"/> Replica Firearm <input type="checkbox"/> Knife/Other Edged Weapon <input type="checkbox"/> Blunt Object <input type="checkbox"/> Other _____			
Subject Homeless:					
Y <input type="checkbox"/> N <input type="checkbox"/>					
Charges:					

At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>					

16	Subject Name:	Person who force was used on (Ex. Doe, John). Last name, First name
17	DOB:	Date of Birth for subject (Format: Mo/Day/Year)
18	Race:	Check corresponding box for the following race as it states on their driver's license (A =Asian, B= Black, W=White, H=Hispanic, I=Native American, U=Unknown)
19	Sex:	Check box M for Male or F for Female
20	LEP:	Check Yes or No to indicate Limited English Proficiency
21	Language:	Native language if LEP checked Yes.
22	Height:	Use height as listed on Driver's License or approximate (Ex. 5'06)
23	Weight:	Use weight as listed on Driver's License or approximate (Ex. 150)
24	Complaint of Pain:	If the subject has stated he has pain or was asked if he has pain and responded YES then- check appropriate box. If there was no complaint of pain, check box NO
25	Injured:	If subject is injured, no matter how slight, check YES box.
26	Serious Bodily Injury:	As defined in 12525.2(d) of the CA Government Code: "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ." Check Yes or No.
27	Death:	Check Yes or No
28	Photo Taken of Injury:	Check Yes or No
29	Photo Taken By:	Person who takes the photo (Ex. Smith, Jane, 1234) Last name, First name, Star number.
30	Medical Treatment:	Check Yes or No
31	Injuries Description	Describe injuries
32	Medical Evaluation (By Doctor):	Check Yes or No
33	Treating Physician Name:	Medical doctor who diagnoses the subject. (Ex. Taylor, Jones) Last name, First name.

34	Assessment (Paramedic/EMT/Ambulance:	Check Yes or No
35	Hospital Name:	Hospital the subject is treated
36	Subject Armed:	Check Yes or No
37	Subject Homeless:	Check Yes or No
38	Charges:	If arrested for multiple offenses, enter only the most serious offense.
39	Type of Weapon:	Check appropriate box. If check the box of Other, describe the type of weapon.
40	Reason for Use of Force (DGO 5.01):	Check appropriate box.
41	At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs:	Check Yes or No

Officer # 1 Section

Officer #1	Officer Name:		Unit ID:	
Star:	Station/Assignment:		Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Years of Service:	Rank:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>				
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Identification:		Plainclothes Identification:
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform		<input type="checkbox"/> Verbally
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes		<input type="checkbox"/> Display of Star
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>				<input type="checkbox"/> Raid Jacket
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Photo Taken By:		
Type of Force Used (Specify subject number on which force was used):				
<input type="checkbox"/> Firearm OIS		<input type="checkbox"/> Chemical Agent		
<input type="checkbox"/> Firearm Pointing		<input type="checkbox"/> Physical Control Hold/Take Down		
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist		<input type="checkbox"/> Spike Strips		
<input type="checkbox"/> Impact Weapon		<input type="checkbox"/> Vehicle Intervention (Deflection)		
<input type="checkbox"/> ERIW		<input type="checkbox"/> K-9 Bite		
		<input type="checkbox"/> Other: _____		

42	Officer Name:	Person who used force (Ex. Smith, Jean) Last name, First name
43	Unit ID:	Call sign. (Ex. 3B5A or 3B14D)
44	Star:	Officer's star number (Ex. 1234)
45	Station or Assignment:	Choose Station or Assignment. (Ex. If the officer works in one of the ten districts, choose Station. If the officer works in Narcotics, choose Assignment.
46	Video/BWC Available:	Check Yes or No
47	Year of Service:	Total year of service as a San Francisco Police Officer. (Ex. 15)
48	Rank:	Officer's rank number (Ex. Q50)
49	Age:	Officer's age (Ex. 38)
50	Sex:	Check box M for Male or F for Female
51	Race:	Check corresponding box for the following race as it states on their driver's license (A =Asian, B= Black, W=White, H=Hispanic, I=Native American, U=Unknown)

52	Injured:	Check Yes or No
53	Death:	Check Yes or No
54	Medical Treatment:	Check Yes or No
55	Assessment (Paramedic/EMT/Ambulance):	Check Yes or No
56	Medical Evaluation (By Medical Doctor):	Check Yes or No
57	Identification:	check box Uniform or Plain clothes
58	Plainclothes Identification:	Check box of Verbally, Display of Star, or Raid Jacket
59	Photo Taken of Injury:	Check Yes or No
60	Photo Taken By:	Person who takes the photo (Ex. Smith, Jane, 1234) Last name, First name, Star number.
61	Type of Force Used (Specify Subject Number on which force was used)	Check appropriate box of the type of force used. Specify the Subject Number in the blank line field corresponding to the checked boxes.

Preliminary Findings of Supervisory Evaluation Section

Preliminary Findings of Supervisory Evaluation		
INCIDENT NUMBER: _____		
Does the Use of Force Appear to be reasonable? Y <input type="checkbox"/> N <input type="checkbox"/>		
If No, Notify a Superior Officer. Submit for Commanding Officers Approval Prior to Reporting Off-Duty.		
Name of Supervisor Completing Evaluation:	Rank: Star:	Date:
Name of Lieutenant Reviewing:	Date:	
Name of Captain Approving:	Date:	

62	INCIDENT NUMBER:	9 Digit SFPD Case #
63	Does the Use of Force Appear to be reasonable:	Check Yes or No. If No is checked, notify a Superior Officer. Submit for Commanding Officers Approval prior to reporting off-duty.
64	Name of Supervisor Completing Evaluation:	Person who completes the evaluation form. Print First and Last name and sign. Enter Rank, Star, and Date (Ex, Q50, 1234, 05/30/2016).
65	Name of Lieutenant Reviewing:	Person who reviews the evaluation form. Print First and Last Name. Sign and date.
66	Name of Captain Approving:	Person who approves the evaluation form. Print First and Last Name. Sign and date.

Additional Subject(s) Form

Additional Subject Form



San Francisco Police Department
Supervisory Use of Force Evaluation



INCIDENT NUMBER:			
Subject #: <input type="text"/>		Subject Name: <input type="text"/>	
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>		DOB: <input type="text"/>	
Sex: M <input type="checkbox"/> F <input type="checkbox"/> LEP: Y <input type="checkbox"/> N <input type="checkbox"/> Language: <input type="text"/>		Height: <input type="text"/> Weight: <input type="text"/>	
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/> Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/> Death: Y <input type="checkbox"/> N <input type="checkbox"/>			
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description: <input type="text"/>	
Photo Taken By: <input type="text"/>		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name: <input type="text"/>	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Reason for Use of Force (DGO 5.01):	
Hospital Name: <input type="text"/>		<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another life or officer	
Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>			
Type of Weapon: <input type="text"/>			
Subject Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>			
Charges: <input type="text"/>			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>			

- | | | |
|----|------------------|--|
| 67 | Subject #: | Enter 2, 3, or 4, etc. for additional subject(s) |
| 68 | All other fields | Follow steps 16 - 41 to complete all other information |

Additional Officer(s) Form

Additional Officer Form



San Francisco Police Department
Supervisory Use of Force Evaluation



INCIDENT NUMBER:			
Officer #: <input type="text"/>		Officer Name: <input type="text"/>	
Star: <input type="text"/>		Unit ID: <input type="text"/>	
Station/Assignment: <input type="text"/>		Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Years of Service: <input type="text"/>	Rank: <input type="text"/>	Age: <input type="text"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Identification: <input type="text"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Plainclothes Identification: <input type="text"/>	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Uniform <input type="checkbox"/>	
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		Plain clothes <input type="checkbox"/>	
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Photo Taken By: <input type="text"/>	
Type of Force Used (Specify subject number on which force was used):			
<input type="checkbox"/> Firearm OIS <input type="text"/> <input type="checkbox"/> Firearm Pointing <input type="text"/> <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="text"/> <input type="checkbox"/> Impact Weapon <input type="text"/> <input type="checkbox"/> ERIW <input type="text"/>		<input type="checkbox"/> Chemical Agent <input type="text"/> <input type="checkbox"/> Physical Control Hold/Take Down <input type="text"/> <input type="checkbox"/> Spike Strips <input type="text"/> <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="text"/> <input type="checkbox"/> K-9 Bite <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	

- | | | |
|----|------------------|--|
| 69 | Officer #: | Enter 2, 3, or 4, etc. for additional officer(s) |
| 70 | All other fields | Follow steps 42 - 61 to complete all other information |



San Francisco Police Department Supervisory Use of Force Evaluation



INCIDENT NUMBER:		Date:	Time:	Day of Wk:
SFPD CAD#:		Type of Incident: --		
On View <input type="checkbox"/>	Dispatch <input type="checkbox"/>	Critical Incident/Special Event: <u>USE OP. ORDER NAME</u>		
Location of Occurrence:		District of Occurrence:		
Use of Force Time Line (Use 24 Hour Format)				
Supervisory Officer Rank, Name & Star No.:		Broadcast Time of Use of Force:		
<u>RANK, LAST NAME, FIRST NAME, STAR NO.</u>		Supervisor On Scene Time:		
		Officer Initial Contact Time:		
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?				
Subject #1	Subject Name: <u>LAST NAME, FIRST NAME</u>			DOB:
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>				
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	LEP: Y <input type="checkbox"/> N <input type="checkbox"/>	Language:	Height:	Weight:
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>	Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Injuries Description:			
Photo Taken By: <u>LAST, FIRST, STAR NO.</u>	Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>			
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>	Treating Physician Name:			
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Reason for Use of Force (DGO 5.01):			
Hospital Name:	<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer			
Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>	Type of Weapon:			
	<input type="checkbox"/> Firearm			
Subject Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Replica Firearm			
	<input type="checkbox"/> Knife/Other Edged Weapon			
Charges:	<input type="checkbox"/> Blunt Object			
	<input type="checkbox"/> Other _____			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>				
Officer #1	Officer Name: <u>LAST NAME, FIRST NAME</u>			Unit ID:
Star:	Station/Assignment:		Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Years of Service:	Rank:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>				
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Identification:	Plainclothes Identification:	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform	<input type="checkbox"/> Verbally	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes	<input type="checkbox"/> Display of Star	
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>			<input type="checkbox"/> Raid Jacket	
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By: <u>LAST NAME, FIRST NAME, STAR NO.</u>			
Type of Force Used (Specify subject number on which force was used):				
<input type="checkbox"/> Firearm OIS <u>SUBJECT #</u>		<input type="checkbox"/> Chemical Agent <u>SUBJECT #</u>		
<input type="checkbox"/> Firearm Pointing <u>SUBJECT #</u>		<input type="checkbox"/> Physical Control Hold/Take Down <u>SUBJECT #</u>		
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u>		<input type="checkbox"/> Spike Strips <u>SUBJECT #</u>		
<input type="checkbox"/> Impact Weapon <u>SUBJECT #</u>		<input type="checkbox"/> Vehicle Intervention (Deflection) <u>SUBJECT #</u>		
<input type="checkbox"/> ERIW <u>SUBJECT #</u>		<input type="checkbox"/> K-9 Bite <u>SUBJECT #</u>		
		<input type="checkbox"/> Other: <u>SUBJECT #</u>		

*Serious bodily injury, as defined in 12525.2(d) of the California Government Code, means "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ."



**San Francisco Police Department
Supervisory Use of Force Evaluation**



Preliminary Findings of Supervisory Evaluation

INCIDENT NUMBER:

Does the Use of Force Appear to be reasonable?

Y ☐ N ☐

If No, Notify a Superior Officer.

Submit for Commanding Officers Approval Prior to Reporting Off-Duty.

Name of Supervisor Completing Evaluation:

Rank:

Date:

Star:

Name of Lieutenant Reviewing:

Date:

Name of Captain Approving:

Date:

Commanding Officers:

Forward original to Commanding Officer of Risk Management

Copies to:

Commanding Officer of Training Division

Members Bureau Chief (Through the Chain of Command)

Additional Subject Form



San Francisco Police Department

Supervisory Use of Force Evaluation



INCIDENT NUMBER:			
Subject #: <input type="text"/>		Subject Name: LAST NAME, FIRST NAME	
DOB: <input type="text"/>			
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/> Language: <input type="text"/> Height: <input type="text"/> Weight: <input type="text"/>	
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/> Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description: <input type="text"/>	
Photo Taken By: LAST, FIRST, STAR NO. <input type="text"/>		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name: <input type="text"/>	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Reason for Use of Force (DGO 5.01):	
Hospital Name: <input type="text"/>		<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another life or officer	
Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>			
Type of Weapon: <input type="checkbox"/> Firearm			
Subject Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>			
Charges: <input type="checkbox"/> Replica Firearm			
Charges: <input type="checkbox"/> Knife/Other Edged Weapon			
Charges: <input type="checkbox"/> Blunt Object			
Charges: <input type="checkbox"/> Other <input type="text"/>			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>			
Subject #: <input type="text"/>		Subject Name: LAST NAME, FIRST NAME	
DOB: <input type="text"/>			
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/> Language: <input type="text"/> Height: <input type="text"/> Weight: <input type="text"/>	
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/> Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description: <input type="text"/>	
Photo Taken By: LAST, FIRST, STAR NO. <input type="text"/>		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name: <input type="text"/>	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Reason for Use of Force (DGO 5.01):	
Hospital Name: <input type="text"/>		<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another life or officer	
Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>			
Type of Weapon: <input type="checkbox"/> Firearm			
Subject Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>			
Charges: <input type="checkbox"/> Replica Firearm			
Charges: <input type="checkbox"/> Knife/Other Edged Weapon			
Charges: <input type="checkbox"/> Blunt Object			
Charges: <input type="checkbox"/> Other <input type="text"/>			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>			

Additional Officer Form



San Francisco Police Department

Supervisory Use of Force Evaluation



INCIDENT NUMBER:

Officer #:	Officer Name: LAST NAME, FIRST NAME	Unit ID:
Star:	Station/Assignment:	Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>
Years of Service:	Rank:	Age:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>	
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Identification:
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>	Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Plainclothes Identification:
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By: LAST NAME, FIRST NAME, STAR #
Type of Force Used (Specify subject number on which force was used):		
<input type="checkbox"/> Firearm OIS <u>SUBJECT #</u> <input type="checkbox"/> Firearm Pointing <u>SUBJECT #</u> <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u> <input type="checkbox"/> Impact Weapon <u>SUBJECT #</u> <input type="checkbox"/> ERIW <u>SUBJECT #</u>		
<input type="checkbox"/> Chemical Agent <u>SUBJECT #</u> <input type="checkbox"/> Physical Control Hold/Take Down <u>SUBJECT #</u> <input type="checkbox"/> Spike Strips <u>SUBJECT #</u> <input type="checkbox"/> Vehicle Intervention (Deflection) <u>SUBJECT #</u> <input type="checkbox"/> K-9 Bite <u>SUBJECT #</u> <input type="checkbox"/> Other: <u>SUBJECT #</u>		

Officer #:	Officer Name: LAST NAME, FIRST NAME	Unit ID:
Star:	Station/Assignment:	Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>
Years of Service:	Rank:	Age:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>	
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Identification:
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>	Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Plainclothes Identification:
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By: LAST NAME, FIRST NAME, STAR #
Type of Force Used (Specify subject number on which force was used):		
<input type="checkbox"/> Firearm OIS <u>SUBJECT #</u> <input type="checkbox"/> Firearm Pointing <u>SUBJECT #</u> <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u> <input type="checkbox"/> Impact Weapon <u>SUBJECT #</u> <input type="checkbox"/> ERIW <u>SUBJECT #</u>		
<input type="checkbox"/> Chemical Agent <u>SUBJECT #</u> <input type="checkbox"/> Physical Control Hold/Take Down <u>SUBJECT #</u> <input type="checkbox"/> Spike Strips <u>SUBJECT #</u> <input type="checkbox"/> Vehicle Intervention (Deflection) <u>SUBJECT #</u> <input type="checkbox"/> K-9 Bite <u>SUBJECT #</u> <input type="checkbox"/> Other: <u>SUBJECT #</u>		



USE OF FORCE LOG

SAN FRANCISCO POLICE DEPARTMENT

Reporting Period Beginning: _____ Ending: _____
MM/DD/YYYY MM/DD/YYYY

DATE: _____ CASE NUMBER: _____ REVIEWING SUPERVISOR: _____

	Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
Subject					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm – OIS <input type="checkbox"/> Firearm – Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW Comments:
Officer/ Star #						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Chemical Agent <input type="checkbox"/> Physical Control Hold/Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other _____

* I – American Indian, A – Asian or Pacific Islander, B – Black, H – Hispanic, U – Unknown, W – White

DATE: _____ CASE NUMBER: _____ REVIEWING SUPERVISOR: _____

	Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
Subject					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm – OIS <input type="checkbox"/> Firearm – Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW Comments:
Officer/ Star #						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Chemical Agent <input type="checkbox"/> Physical Control Hold/Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other _____

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DATE: _____ CASE NUMBER: _____ REVIEWING SUPERVISOR: _____

	Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
Subject					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm – OIS <input type="checkbox"/> Firearm – Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW Comments:
Officer/ Star #						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Chemical Agent <input type="checkbox"/> Physical Control Hold/Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other _____

* I – American Indian, A – Asian or Pacific Islander, B – Black, H – Hispanic, U – Unknown, W – White

Commanding Officer's Signature: _____ Unit: _____

FORWARD ONE COPY TO BUREAU DEPUTY CHIEF. FORWARD A COPY OF LOG AND INCIDENT REPORTS TO COMMANDING OFFICER OF RISK MANAGEMENT AND TRAINING DIVISION ON THE MONDAY OF EACH WEEK.

SFDPA - 0081-19 - 000063 SFPD 128 (Rev. 01/17)



DPA

San Francisco Department of Police Accountability

DEPT. OF EMERGENCY
MANAGEMENT

2019 MAR -7 PM 1:39

Paul David Henderson
Executive Director

DPA REQUEST FOR: DEM RECORDS

Via Facsimile (415) 558-3869

Date: 03/05/19

TO: Department of Emergency Management
Custodian of Records
FROM: Ellen Dolese, Investigator
SUBJECT: Request for Communications Data
DPA CASE #: 0081-19

I am currently investigating the above-referenced DPA complaint and would like to review the following data:

DATE/ TIME: 02/14/2019, 17:50
LOCATION: Castro St/Market St, SF
CAD NO [REDACTED]
PRIMARY UNIT: 3D41D
INCIDENT REPORT #: [REDACTED]

INCIDENT DESCRIPTION: 148 w/multiple Mission Units responding

MATERIAL REQUESTED:

CAD printout
Communications tape

Thank you for your assistance. Please contact me at (415) 241-7727 or ellen.dolese@sfgov.org if you have any questions.

SP190453150 C 000 MISC

CASTRO ST/MARKET ST, SF

[02/14/2019]

17:50:16	DT14	[REDACTED]	CREATE	Location:CASTRO ST/MARKET ST, SF Type:000 DAREA:3D Area:412A TypeDesc:MISC LocDesc:<400/ 2400> Priority:C Agency:SP Map:A3
17:50:16	DT14	[REDACTED]	ENTRY	Sector/Stn:D1 Map:A3
17:50:16	DT14	[REDACTED]	DISPOS	3D41D Location:CASTRO ST/MARKET ST, SF Operator:A21936 OperNames:NAGAI,NICHOLAS #2017
17:50:16	DT14	[REDACTED]	PRIU	3D41D
17:50:16	CADAPP	TIB	PREMIS	Comment:PPR, FPR
17:50:21	K194	[REDACTED]	BACKER	3D14D Operator:[REDACTED] OperNames:LEE,RAYMOND #469; ZASLY,LAURA E. #1239; HOANG,DAVID C. #308
17:50:22	K194	[REDACTED]	PRIOR	PremType:PPR 3D14D
17:50:26	DT14	[REDACTED]	MISCN	3D41D Comment:148
17:50:47	K061	[REDACTED]	BACKER	3D15D Operator:[REDACTED] OperNames:HANSON,REILLY #1613; PORTILLO, JOEL #1276
17:50:48	K194	[REDACTED]	MISCN	3D14D Comment:C3 15TH/MISSION
17:50:49	DT15	[REDACTED]	NOTIFY	3D41D Notified:BROADCAST Comment:A5 A6
17:50:51	K194	[REDACTED]	RI	3D14D
17:50:52	DT10	[REDACTED]	MISCN	3D41D Comment:3D114 ALL UNITS GOING STAY OFF AIR ALL C3
17:51:10	DT10	[REDACTED]	BACKER	5L52
17:51:13	DT10	[REDACTED]	ONSCN	5L52
17:51:13	K086	[REDACTED]	BACKER	3D93 Operator:[REDACTED] OperNames:PEREZ JESUS W #233; CHICAS MIRANDA TELMA G. #1224
17:51:16	DT10	[REDACTED]	MISCN	3D41D Comment:CHEVRON
17:51:18	DT14	[REDACTED]	MISCN	3D41D Comment:CHEVRON
17:51:21	K194	[REDACTED]	RI	3D14D
17:51:26	K086	[REDACTED]	MISCN	3D93 Comment:C3
17:51:26	K061	[REDACTED]	RI	3D15D
17:51:39	DT10	[REDACTED]	BACKOS	3D114 Operator:[REDACTED] OperNames:RUSSELL,JOSEY #1030
17:51:40	DT14	[REDACTED]	ONSCN	3D114
17:52:00	K061	[REDACTED]	ONSCN	3D15D
17:52:07	DT10	[REDACTED]	MISCN	3D114 Comment:SLOW DOWN ALL UNITS
17:52:10	DT14	[REDACTED]	MISCN	3D114 Comment:SLOW DOWN ALL UNITS
17:52:20	K194	[REDACTED]	MISCN	3D14D Comment:SHUTDOWN C3 18TH/CHURCH
17:52:28	K194	[REDACTED]	RI	3D14D
17:52:29	DT10	[REDACTED]	MISCN	3D114 Comment:NO NEED FOR WAGON AT THIS TIME
17:52:43	DT14	[REDACTED]	MISCN	Comment:3D114 USE OF FORCE
17:52:43	DT10	[REDACTED]	MISCN	3D114 Comment:USE OF FORCE
17:53:31	K194	[REDACTED]	ONSCN	3D14D
17:53:31	K194	[REDACTED]	RI	3D14D
17:54:18	DT14	[REDACTED]	MISCN	Comment:3D114 SH OS
17:54:24	DT10	[REDACTED]	MISCN	Comment:SH OS NO MORE C3
17:54:28	DT10	[REDACTED]	BACKOS	3D13D Operator:[REDACTED] OperNames:DEIDRICK,KYLE A #1039; GARCIA JR,IRVING R #1810
17:54:57	DT14	[REDACTED]	MISCN	3D13D Comment:C3 C33
17:55:06	DT14	[REDACTED]	MISCN	3D13D Comment:C4 C33
17:55:08	DT14	[REDACTED]	OK	3D13D
17:55:10	K045	[REDACTED]	BACKER	3D11D Operator:[REDACTED] OperNames:PERAZA,NATHALIE #2064; ZASLY,LAURA E. #1239; HOANG,DAVID C. #308
17:55:20	K045	[REDACTED]	RI	3D11D
17:56:04	DT14	[REDACTED]	CASE	Case#:PD190112820 3D41D LocDesc:<400/ 2400>->at CASTRO ST/MARKET ST, SF
17:56:06	DT10	[REDACTED]	CLEAR	3D93 Dispo:HAN
17:56:21	K045	[REDACTED]	RI	3D11D
17:57:31	K045	[REDACTED]	RI	3D11D
17:59:01	DT14	[REDACTED]	CLEAR	3D114
17:59:08	DT14	[REDACTED]	CHGLOC	3D41D Location:CASTRO ST/MARKET ST, SF->MISSION STATION, SF LocDesc:at CASTRO ST/MARKET ST, SF->at 630 VALENCIA ST, SF LocCross:btwn CLARION AL and SYCAMORE ST

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 City & County of San Francisco

17:59:20	DT10	[REDACTED]	ONSCN	3D14D	
17:59:25	DT10	[REDACTED]	CLEAR	3D13D	
17:59:42	DT10	[REDACTED]	TRANSP	3D14D Comment:W/1	
18:00:10	K162	[REDACTED]	BACKER	3D44C Operator: [REDACTED] OperNames: KUCHAC RONALD S. #203; AVILA, CASSIE #230	
18:00:40	K162	[REDACTED]	MISCN	3D44C Comment: LATE ENTRY: CODE 3 FROM STATION SHUT DOWN WHEN 97	
18:01:46	K194	[REDACTED]	RI	3D14D	
18:01:48	K194	[REDACTED]	RI	3D14D	
18:02:14	K045	[REDACTED]	RI	3D11D	
18:02:43	K045	[REDACTED]	RI	3D11D	
18:03:30	K045	[REDACTED]	CLEAR	3D11D Dispo:ND	
18:03:47	K162	[REDACTED]	CLEAR	3D44C Dispo:ND	
18:04:15	K194	[REDACTED]	RI	3D14D	
18:04:59	K194	[REDACTED]	RI	3D14D	
18:05:02	DT10	[REDACTED]	CMPLT	3D14D	
18:08:55	K077	[REDACTED]	BACKER	3L52 Operator: [REDACTED] OperNames: LEUNG, PHILIP #328; ANTON-BUZZARD ALEXANDER #124	
18:09:04	K077	[REDACTED]	ONSCN	3L52	
18:09:57	K077	[REDACTED]	CLEAR	3L52 Dispo: HAN Comment: ONSCENE, CAMERAS ACTIVATED #328, #2179, #129	
18:11:28	DT14	[REDACTED]	XREF		
18:12:02	DT10	[REDACTED]	PRMPT	3D15D Comment: Preempted and dispatched to call # [REDACTED]	
18:25:40	DT10	[REDACTED]	PRMPT	3D14D Comment: Preempted and dispatched to call # [REDACTED]	
18:28:14	DT10	[REDACTED]	BACKOS	3D14D Operator: [REDACTED] OperNames: LEE, RAYMOND #469; ZASLY, LAURA E. #1239; HOANG, DAVID C. #308	
18:32:03	DT10	[REDACTED]	CHGLOC	3D14D Location: MISSION STATION, SF->SF GENERAL HOSPITAL, SF LocDesc: at 630 VALENCIA ST, SF->at 1001 POTRERO AV, SF LocCross: btwn CLARION AL and SYCAMORE ST->btwn 22ND ST and 23RD ST ST Comment: HALF RIDING W/ M94 AND HALF FOLLOWING	
18:34:51	K194	[REDACTED]	ONSCN	3D14D	
18:46:35	AX04	[REDACTED]	CLEAR	5L52	
19:47:09	DT10	[REDACTED]	ONSCN	3D41D	
19:56:40	DT10	[REDACTED]	MISCN	3D14D Comment: STILL 97 AT SFGH	
20:23:30	DT10	[REDACTED]	MISCN	3D14D Comment: STILL 97	
20:48:20	K194	[REDACTED]	RI	3D14D	
22:15:04	K194	[REDACTED]	RI	3D14D	
22:15:13	DT10	[REDACTED]	TRANSP	3D14D Location: SF GENERAL HOSPITAL, SF->CJ1, SF LocDesc: at 1001 POTRERO AV, SF->at [REDACTED] LocCross: btwn 22ND ST and 23RD ST->btwn HARRISON ST and BRYANT ST Comment: JWITH ONE	
22:22:14	DT10	[REDACTED]	CMPLT	3D14D	
22:47:18	K194	[REDACTED]	RI	3D14D	
23:14:12	K194	[REDACTED]	RI	3D14D	
23:20:18	K194	[REDACTED]	RI	3D14D	
23:32:18	K194	[REDACTED]	RI	3D14D	
23:47:08	K194	[REDACTED]	MISCN	3D14D Comment: SFPDMDCCMDLINE mask: Query 1: LEVI/VLNAVA [REDACTED] Query 2: *QV/LICPL [REDACTED] Query 3: IA QV: CA0380100.LIC [REDACTED] Query 4: IV	
23:59:30	K194	[REDACTED]	CLEAR	3D14D Dispo: HAN	
[02/15/2019]					
00:45:16	DT10	[REDACTED]	CLEAR	3D41D Dispo: ARR	
00:45:16	DT10	[REDACTED]	CLEAR		
00:45:16	DT10	[REDACTED]	CLOSE		

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 City & County of San Francisco

CALL RECAP:

INITIATE: 17:50:16 02/14/2019
ENTRY: 17:50:16 02/14/2019
DISPATCH: 17:50:16 02/14/2019
ON SCENE: 17:50:16 02/14/2019
CLOSE: 00:45:16 02/15/2019
ADDRESS: CASTRO ST/MARKET ST, SF
DAREA: 3D
SECTOR: D1
RA: 412A
FIRE:

CALL NUMBER: #3150
CURRENT STATUS: CLOSE
PRIMARY UNIT: 3D41D
JURISDICTION: SP
DISPOSITION: ARR

REPORT NUMBER: [REDACTED]
TYPE: 000 MISC
PRIORITY: C
PRIOR HISTORY: Yes

CP:
ADDRESS:
PHONE:

CAD TIMESTAMP: CADD 0215190045

OPERATOR ASSIGNMENTS:

DT14 [REDACTED]
CADAPP TIB
K194 [REDACTED]
K061 [REDACTED]
DT15 [REDACTED]
DT10 [REDACTED]
K086 [REDACTED]
K045 [REDACTED]
DT10 [REDACTED]
K162 [REDACTED]
K077 [REDACTED]
AX04 [REDACTED]
DT10 [REDACTED]
DT10 [REDACTED]
DT10 [REDACTED]

AS OF 20:23:30:

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Dept. of Emergency Management
City & County of San Francisco

DPA Routine Document Request

To: Ofc. David Hoang-Stationkeeper/Mission Station

Date/Time: 03/05/2019 18:01 Investigator: Ellen Dolese

SFPD Incident #: [REDACTED]

Phone #: 415-241-7727

DPA Case #: 0081-19

Deliver Documents:

☒ Fax DPA: 241-7733

☐ 25 Van Ness #700, 94102

Comments: Please provide any and all Arrest logs, records, and Use of Force logs for 02/14/19 related to the arrest and Use of Force involving Robert Cantrell, DOB: 7/19/77-Thank you.

Please forward the following documents to the DPA. The documents requested are considered routine under the SFPD-OCC Document Production Protocol, which requires a response to this request within three (3) days. As required by the Protocol, this request has been sent concurrently to Police Legal.

- | | |
|---|--|
| <input type="checkbox"/> 12500 CVC Report (SFPD Form 164(a)) | <input type="checkbox"/> Incident Reports (including all supplemental reports) |
| <input type="checkbox"/> 14601 CVC Report (SFPD Form 164) | <input type="checkbox"/> Intoxilizer Model 5000 Checklist (or other models)(SFPD Form 15) |
| <input type="checkbox"/> Academy training records | <input type="checkbox"/> Line-up Record (SFPD Form 56) |
| <input type="checkbox"/> Affidavit of Termination of Investigation (SFPD Form 470) | <input type="checkbox"/> Media footage |
| <input type="checkbox"/> Airport activity logs | <input type="checkbox"/> Medical Screening Form (SFPD Form 54) |
| <input type="checkbox"/> Anticipated Watch Report (SFPD Form 22) | <input type="checkbox"/> Mug Shots (criminal history information tracking number to be redacted) |
| <input checked="" type="checkbox"/> Arrest Record/Booking Slip (Form 3800-09) | <input type="checkbox"/> Notice of Motor Vehicle Accident (SFPD Form 325) |
| <input type="checkbox"/> Candlestick Park activity logs | <input type="checkbox"/> Officer notes (Photocopies only) |
| <input type="checkbox"/> Cell Check Log (SFPD Form 51) | <input type="checkbox"/> Officer's Daily Report (Traffic Division)(SFPD Form 106) |
| <input type="checkbox"/> Certificate of Release (SFPD Form 184) | <input type="checkbox"/> Overtime and Holiday Watch Report (SFPD Form 238) |
| <input type="checkbox"/> Citation log book records | <input type="checkbox"/> AT&T Park activity logs |
| <input type="checkbox"/> Citizen Arrest Form (SFPD Form 80) | <input type="checkbox"/> Payroll records |
| <input type="checkbox"/> Citizen Complaint Investigation Memorandum | <input type="checkbox"/> Permission to Search Form (SFPD Form 468) |
| <input type="checkbox"/> Cold Show Admonishment (SFPD Form 466) | <input type="checkbox"/> Photographic Line-up Instructions (SFPD Form 467) |
| <input type="checkbox"/> Corrected Watch Report (SFPD Form 117) | <input type="checkbox"/> PLES (10-B assignment) rosters |
| <input type="checkbox"/> Court Protective Orders or Emergency Protective Orders | <input type="checkbox"/> POST training materials |
| <input type="checkbox"/> DABOR reports (post-hearing) | <input type="checkbox"/> Prisoner Transfer Record (SFPD Form 78) |
| <input checked="" type="checkbox"/> Daily Arrest logs (SFPD Form 307) | <input type="checkbox"/> Property logs (from both stations and property control) (SFPD Form 230) |
| <input type="checkbox"/> Demonstration Memorandum (SFPD Form 77) | <input type="checkbox"/> Property Receipt Form (SFPD Form 315) |
| <input type="checkbox"/> Demonstration squad charts | <input type="checkbox"/> Property Release Form (SFPD Form 158) |
| <input type="checkbox"/> DMV Officer's Statement | <input type="checkbox"/> Public Intoxication Report (SFPD Form 69) |
| <input type="checkbox"/> DMV Order of Suspension (Form 360 & 360(A)) | <input type="checkbox"/> Ride-along Request and Review (SFPD Form 84) |
| <input type="checkbox"/> DMV Supplemental to Officer's Statement (Blood/Urine Test Results) | <input type="checkbox"/> Roll call training logs |
| <input type="checkbox"/> DMV Traffic Accident Report Form | <input type="checkbox"/> Secondary Employment Application (SFPD Form 156) |
| <input type="checkbox"/> DMV Verbal Notice by Police Officer | <input type="checkbox"/> SFPD Dismissal Request (SFPD Form 256) |
| <input type="checkbox"/> Domestic Violence Response Unit Tapes | <input type="checkbox"/> SFPD officer photographs |
| <input type="checkbox"/> Domestic Violence Supplemental Report forms (SFPD 480a & 480b) | <input type="checkbox"/> SFPD officer weight and height descriptions |
| <input type="checkbox"/> Driving Under the Influence Card (SFPD Form 462) | <input checked="" type="checkbox"/> Station Arrest Logs |
| <input type="checkbox"/> Driving Under the Influence Report (SFPD Form 284A-D) | <input type="checkbox"/> Strip search authorization form (SFPD Form 305) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26) | <input type="checkbox"/> Traffic Collision Reports (CHP555, 555-03 & 556) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26A & B) | <input type="checkbox"/> Traffic Court Report (SFPD Form 295) |
| <input type="checkbox"/> Event operation orders | <input type="checkbox"/> Unit Orders |
| <input type="checkbox"/> Field Arrest Card | <input checked="" type="checkbox"/> Use of force logs (SFPD Form 128) |
| <input type="checkbox"/> Field Interview Card (SFPD Form 114) | <input type="checkbox"/> Verification of latent fingerprint request (SFPD Form 235)(not including results) |
| <input type="checkbox"/> Firearms Training Roster (SFPD Form 53) | <input type="checkbox"/> Daily Equipment Sign-Out and Sign-In Sheet (SFPD Form 474) |
| <input type="checkbox"/> Fleet management records | |
| <input type="checkbox"/> Hit and Run Record (SFPD Form 133) | |



USE OF FORCE LOG

SAN FRANCISCO POLICE DEPARTMENT

Reporting Period Beginning: 02/11/2019 Ending: 02/17/2019
MM/DD/YYYY MM/DD/YYYY

DATE: 02/14/2019

CASE NUMBER: [REDACTED]

REVIEWING SUPERVISOR: Sgt. Josey Russell #1030 [REDACTED]

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
Subject [REDACTED]	[REDACTED]	W	M	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm—OIS <input type="checkbox"/> Firearm—Pointing <input type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input checked="" type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other
Officer/Star #	Ofc. Bryan Santana #2097					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

* I — American Indian, A — Asian or Pacific Islander, B — Black, H — Hispanic, U — Unknown, W — White

DATE: 02/14/2019

CASE NUMBER: [REDACTED]

REVIEWING SUPERVISOR: Sgt. Josey Russell #1030 [REDACTED]

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
Subject [REDACTED]	[REDACTED]	W	M	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm—OIS <input type="checkbox"/> Firearm—Pointing <input checked="" type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input checked="" type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other
Officer/Star #	Ofc. Nicholas Nagai #2017					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

* I — American Indian, A — Asian or Pacific Islander, B — Black, H — Hispanic, U — Unknown, W — White

DATE: CASE NUMBER: REVIEWING SUPERVISOR:

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
Subject				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm—OIS <input type="checkbox"/> Firearm—Pointing <input type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other
Officer/Star #						<input type="checkbox"/> YES <input type="checkbox"/> NO

* I — American Indian, A — Asian or Pacific Islander, B — Black, H — Hispanic, U — Unknown, W — White

Commanding Officer's Signature: Capt. [REDACTED] #872

Unit: C.O.D.

FORWARD ONE COPY TO BUREAU DEPUTY CHIEF. FORWARD A COPY OF LOG AND INCIDENT REPORTS TO COMMANDING OFFICER OF RISK MANAGEMENT AND TRAINING DIVISION ON THE MONDAY OF EACH WEEK. SFPD 128 (Rev. 11/17)

DPA Routine Document Request

To: Ofc. David Hoang-Stationkeeper/Mission Station

Date/Time: 03/05/2019 18:01 Investigator: Ellen Dolese

SFPD Incident #: [REDACTED]

Phone #: 415-241-7727

DPA Case #: 0081-19

Deliver Documents:

☒ Fax DPA: 241-7733

☐ 25 Van Ness #700, 94102

Comments: Please provide any and all Arrest logs, records, and Use of Force logs for 02/14/19 related to the arrest and Use of Force involving Robert Cantrell, DOB: 7/19/77-Thank you.

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- | | |
|---|--|
| <input type="checkbox"/> 12500 CVC Report (SFPD Form 164(a)) | <input type="checkbox"/> Incident Reports (including all supplemental reports) |
| <input type="checkbox"/> 14601 CVC Report (SFPD Form 164) | <input type="checkbox"/> Intoxilizer Model 5000 Checklist (or other models)(SFPD Form 15) |
| <input type="checkbox"/> Academy training records | <input type="checkbox"/> Line-up Record (SFPD Form 56) |
| <input type="checkbox"/> Affidavit of Termination of Investigation (SFPD Form 470) | <input type="checkbox"/> Media footage |
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| <input type="checkbox"/> Anticipated Watch Report (SFPD Form 22) | <input type="checkbox"/> Mug Shots (criminal history information tracking number to be redacted) |
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| <input type="checkbox"/> Certificate of Release (SFPD Form 184) | <input type="checkbox"/> Overtime and Holiday Watch Report (SFPD Form 238) |
| <input type="checkbox"/> Citation log book records | <input type="checkbox"/> AT&T Park activity logs |
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| <input type="checkbox"/> Citizen Complaint Investigation Memorandum | <input type="checkbox"/> Permission to Search Form (SFPD Form 468) |
| <input type="checkbox"/> Cold Show Admonishment (SFPD Form 466) | <input type="checkbox"/> Photographic Line-up Instructions (SFPD Form 467) |
| <input type="checkbox"/> Corrected Watch Report (SFPD Form 117) | <input type="checkbox"/> PLES (10-B assignment) rosters |
| <input type="checkbox"/> Court Protective Orders or Emergency Protective Orders | <input type="checkbox"/> POST training materials |
| <input type="checkbox"/> DABOR reports (post-hearing) | <input type="checkbox"/> Prisoner Transfer Record (SFPD Form 78) |
| <input checked="" type="checkbox"/> Daily Arrest logs (SFPD Form 307) | <input type="checkbox"/> Property logs (from both stations and property control) (SFPD Form 230) |
| <input type="checkbox"/> Demonstration Memorandum (SFPD Form 77) | <input type="checkbox"/> Property Receipt Form (SFPD Form 315) |
| <input type="checkbox"/> Demonstration squad charts | <input type="checkbox"/> Property Release Form (SFPD Form 158) |
| <input type="checkbox"/> DMV Officer's Statement | <input type="checkbox"/> Public Intoxication Report (SFPD Form 69) |
| <input type="checkbox"/> DMV Order of Suspension (Form 360 & 360(A)) | <input type="checkbox"/> Ride-along Request and Review (SFPD Form 84) |
| <input type="checkbox"/> DMV Supplemental to Officer's Statement (Blood/Urine Test Results) | <input type="checkbox"/> Roll call training logs |
| <input type="checkbox"/> DMV Traffic Accident Report Form | <input type="checkbox"/> Secondary Employment Application (SFPD Form 156) |
| <input type="checkbox"/> DMV Verbal Notice by Police Officer | <input type="checkbox"/> SFPD Dismissal Request (SFPD Form 256) |
| <input type="checkbox"/> Domestic Violence Response Unit Tapes | <input type="checkbox"/> SFPD officer photographs |
| <input type="checkbox"/> Domestic Violence Supplemental Report forms (SFPD 480a & 480b) | <input type="checkbox"/> SFPD officer weight and height descriptions |
| <input type="checkbox"/> Driving Under the Influence Card (SFPD Form 462) | <input checked="" type="checkbox"/> Station Arrest Logs |
| <input type="checkbox"/> Driving Under the Influence Report (SFPD Form 284A-D) | <input type="checkbox"/> Strip search authorization form (SFPD Form 305) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26) | <input type="checkbox"/> Traffic Collision Reports (CHP555, 555-03 & 556) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26A & B) | <input type="checkbox"/> Traffic Court Report (SFPD Form 295) |
| <input type="checkbox"/> Event operation orders | <input type="checkbox"/> Unit Orders |
| <input type="checkbox"/> Field Arrest Card | <input checked="" type="checkbox"/> Use of force logs (SFPD Form 128) |
| <input type="checkbox"/> Field Interview Card (SFPD Form 114) | <input type="checkbox"/> Verification of latent fingerprint request (SFPD Form 235)(not including results) |
| <input type="checkbox"/> Firearms Training Roster (SFPD Form 53) | <input type="checkbox"/> Daily Equipment Sign-Out and Sign-In Sheet (SFPD Form 474) |
| <input type="checkbox"/> Fleet management records | |
| <input type="checkbox"/> Hit and Run Record (SFPD Form 133) | |



USE OF FORCE LOG

SAN FRANCISCO POLICE DEPARTMENT

Reporting Period Beginning: 02/11/2019 Ending: 02/17/2019
MM/DD/YYYY MM/DD/YYYY

DATE: 02/14/2019

CASE NUMBER: [REDACTED]

REVIEWING SUPERVISOR: Sgt. Josey Russell #1030

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used	
Subject [REDACTED]	[REDACTED]	W	M	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm-OIS <input type="checkbox"/> Firearm-Pointing <input type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input checked="" type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other	
Officer/Star #	Ofc. Bryan Santana #2097					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

* I - American Indian, A - Asian or Pacific Islander, B - Black, H - Hispanic, U - Unknown, W - White

DATE: 02/14/2019

CASE NUMBER: [REDACTED]

REVIEWING SUPERVISOR: Sgt. Josey Russell #1030

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used	
Subject [REDACTED]	[REDACTED]	W	M	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm-OIS <input type="checkbox"/> Firearm-Pointing <input checked="" type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input checked="" type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other	
Officer/Star #	Ofc. Nicholas Nagai #2017					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

* I - American Indian, A - Asian or Pacific Islander, B - Black, H - Hispanic, U - Unknown, W - White

DATE: CASE NUMBER: REVIEWING SUPERVISOR:

Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used	
Subject				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm-OIS <input type="checkbox"/> Firearm-Pointing <input type="checkbox"/> Strike by Obj (Personal body weapon/Fist) <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Chemical Agent <input type="checkbox"/> ERIW <input type="checkbox"/> Physical Control Hold/ Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other	
Officer/Star #						<input type="checkbox"/> YES <input type="checkbox"/> NO	

* I - American Indian, A - Asian or Pacific Islander, B - Black, H - Hispanic, U - Unknown, W - White

Commanding Officer's Signature: Captain [Signature] #872

Unit: C-10

FORWARD ONE COPY TO BUREAU DEPUTY CHIEF. FORWARD A COPY OF LOG AND INCIDENT REPORTS TO COMMANDING OFFICER OF RISK MANAGEMENT AND TRAINING DIVISION ON THE MONDAY OF EACH WEEK. SFPD 128 (Rev. 11/17)



LONDON N. BREED
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



WILLIAM SCOTT
CHIEF OF POLICE

March 27, 2019

Investigator Ellen Dolese
Department of Police Accountability (DPA)
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102

Re: DPA #0081-19

Dear Investigator Dolese:

The Legal Division received DPA Non-Routine request dated 3/6/19 for **1) Supervisory Use of Force Evaluation Form related to SFPD Incident Report No. [REDACTED]**

Enclosed is the Supervisory Use of Force Form associated with IR # [REDACTED]

2) Copy of CD of video surveillance and 8 photographs identified as "EVD 1" in IR # [REDACTED]

Enclosed is media responsive to request.

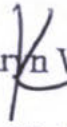
3) Stop Data Collection System (SDCS) entry related to [REDACTED] CAD # [REDACTED] for 2/14/18 by Officers Nicholas Nagai #2017 and Bryan Santana #2097.

San Francisco Police Department does not have access to the Stop Data Collection System (SDCS). A request was made with the Department of Justice (DOJ) for the requested data. DOJ was unable to locate any SDCS results matching the information provided for Officer Santana. However, enclosed is the SDCS results found for Officer Nagai, as requested.

If you have any questions or concerns, please contact Rena Faagau at (415) 837-7185.

Thank you for your attention to this matter.

Sincerely,


Lt. Kathryn Waaland

Lt. Kathryn Waaland
Officer in Charge
Risk Management - Legal

San Francisco Police Department
Supervisory Use of Force Evaluation

REPORT NUMBER: [REDACTED]		Date: 02/14/2019		Time: 1750		Day of Wk: Thursday	
Call Type: Suspicious Person (917)						On View: <input checked="" type="checkbox"/> Dispatch: <input type="checkbox"/>	
Location of Occurrence: 2399 Market Street							
District of Occurrence: Mission				SFPD CAD#: [REDACTED]			
CAD Advised Armed? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		Weapon CAD Advised: Firearm <input type="checkbox"/> Edged Weapon <input type="checkbox"/> Other <input type="checkbox"/>					
Critical Incident/Special Event:							
Supervisory Officer Rank, Name & Star No.: Sergeant Russell, Josey #1030							
Did Supervisor Respond to Scene: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> If No, why?							
Subject		Subject Name: [REDACTED]				DOB: [REDACTED]	
Gender: F <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> X <input type="checkbox"/> Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input checked="" type="checkbox"/> Unk <input type="checkbox"/>							
Ht: 509		Wt: 180		LEP: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Language: English	
SF Resident: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Homeless: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>							
Complaint of Pain: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unrelated: <input type="checkbox"/>		Injured: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unrelated: <input type="checkbox"/>		Serious Bodily Injury*: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			
Injuries Description: Scratch to left cheek, c/o pain to left elbo and right pinky finger						Death: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Photo of Injury: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Photo Taken By: Nagai, Nicholas #2017				Assessment (Paramedic/EMT): Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Medical Eval (By Doctor): Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				Medical Treatment: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Admitted: <input type="checkbox"/>			
Hospital Name: SFGH		Treating Physician Name: Dr. Chalwell				Subject Armed: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Type of Weapon: Firearm <input type="checkbox"/> Replica Firearm <input type="checkbox"/> Blunt Object <input type="checkbox"/>		Charge: (most serious only) 69 PC					
Knife/Other Edged Weapon: <input type="checkbox"/> Other <input type="checkbox"/>		Disposition: Booked					
Levels of Resistance: (Label sequence of resistance numerically) <u>2</u> Active Resistance <u>1</u> Assaultive <u> </u> Compliant <u> </u> Passive Non-Compliance <u> </u> Life Threatening							
Officer		Officer Name: Santana, Bryan				Star: 2097	
Station/Assignment: Mission		Unit ID: 3D42D		BWC Available: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Identification: Uniform <input checked="" type="checkbox"/> Plain clothes <input type="checkbox"/>		Plainclothes ID: Display of Star <input type="checkbox"/> Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>					
Injured: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Injuries Description: c/o pain to neck and abraision to left elbow					
Death: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Med Eval (By doctor): Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			
Medical Treatment: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Admitted: <input type="checkbox"/>		Photo of Injury: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
Photo Taken By: NBagai, Nicholas #2017				Verbal commands issued before force used: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>							
Use of Force				Subject: [REDACTED]			
Officer: Santana, Bryan							
Reason for Use of Force (DGO 5.01): <input checked="" type="checkbox"/> To effect a lawful arrest, detention, or search <input checked="" type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input checked="" type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer				Type of Force Used (Specify sequence of force): <u> </u> Firearm OIS <u> </u> Firearm Pointing <u> </u> Strike by Obj. (personal body weapon)/Fist <u> </u> Impact Weapon <u> </u> ERIW <u> </u> Chemical Agent <u>1</u> Physical Control Hold/Take Down <u> </u> Spike Strips <u> </u> Vehicle Intervention (Deflection) <u> </u> K-9 Bite <u> </u> Other: <u> </u>			
Was UOF within department policy? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Determination Pending Investigation <input type="checkbox"/> (Any UOF incident referred to an investigative unit) If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.							

*Serious bodily injury, as defined in 12525.2(d) of the California Government Code, means "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ."



San Francisco Police Department Supervisory Use of Force Evaluation



REPORT NUMBER: [REDACTED]	
Use of Force Officer: Nagai, Nicholas	Subject: [REDACTED]
Reason for Use of Force (DGO 5.01): <input checked="" type="checkbox"/> To effect a lawful arrest, detention, or search <input checked="" type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input checked="" type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer	Type of Force Used (Specify sequence of force): <input type="checkbox"/> Firearm OIS <input type="checkbox"/> Firearm Pointing <input checked="" type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW <input type="checkbox"/> Chemical Agent <input checked="" type="checkbox"/> Physical Control Hold/Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other: _____
Was UOF within department policy? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Determination Pending Investigation <input type="checkbox"/> (Any UOF incident referred to an investigative unit) If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.	
Use of Force Officer:	Subject:
Reason for Use of Force (DGO 5.01): <input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer	Type of Force Used (Specify sequence of force): <input type="checkbox"/> Firearm OIS <input type="checkbox"/> Firearm Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Physical Control Hold/Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other: _____
Was UOF within department policy? Y <input type="checkbox"/> N <input type="checkbox"/> Determination Pending Investigation <input type="checkbox"/> (Any UOF incident referred to an investigative unit) If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.	
Use of Force Officer:	Subject:
Reason for Use of Force (DGO 5.01): <input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer	Type of Force Used (Specify sequence of force): <input type="checkbox"/> Firearm OIS <input type="checkbox"/> Firearm Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Physical Control Hold/Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other: _____
Was UOF within department policy? Y <input type="checkbox"/> N <input type="checkbox"/> Determination Pending Investigation <input type="checkbox"/> (Any UOF incident referred to an investigative unit) If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Add Additional Uses of Force</div>	



San Francisco Police Department

Supervisory Use of Force Evaluation



Double Page

REPORT NUMBER: [REDACTED]			
Officer	Officer Name: Nagai, Nicholas		Star: 2017
Station/Assignment: Mission		Unit ID: 3D41D	BWC Available: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Identification: Uniform <input checked="" type="checkbox"/> Plain clothes <input type="checkbox"/>		Plainclothes ID: Display of Star <input type="checkbox"/>	Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>
Injured: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Injuries Description: c/o pain to left wrist			
Death: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Med Eval (By doctor): Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Medical Treatment: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>		Photo of Injury: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Photo Taken By: Santana, Bryan #2097		Verbal commands issued before force used: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Officer	Officer Name:		Star:
Station/Assignment:		Unit ID:	BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>
Identification: Uniform <input type="checkbox"/> Plain clothes <input type="checkbox"/>		Plainclothes ID: Display of Star <input type="checkbox"/>	Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Injuries Description:			
Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Med Eval (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>		Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken By:		Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>	
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>			
Officer	Officer Name:		Star:
Station/Assignment:		Unit ID:	BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>
Identification: Uniform <input type="checkbox"/> Plain clothes <input type="checkbox"/>		Plainclothes ID: Display of Star <input type="checkbox"/>	Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Injuries Description:			
Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Med Eval (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>		Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken By:		Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>	
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>			
Officer	Officer Name:		Star:
Station/Assignment:		Unit ID:	BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>
Identification: Uniform <input type="checkbox"/> Plain clothes <input type="checkbox"/>		Plainclothes ID: Display of Star <input type="checkbox"/>	Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Injuries Description:			
Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Med Eval (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>		Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken By:		Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>	
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>			
Officer	Officer Name:		Star:
Station/Assignment:		Unit ID:	BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>
Identification: Uniform <input type="checkbox"/> Plain clothes <input type="checkbox"/>		Plainclothes ID: Display of Star <input type="checkbox"/>	Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Injuries Description:			
Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Med Eval (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>		Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken By:		Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>	
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>			
Add Additional Officers Below			



San Francisco Police Department
Supervisory Use of Force Evaluation



Preliminary Findings of Supervisory Evaluation

REPORT NUMBER:

[REDACTED]

Name of Supervisor Completing Evaluation: Rank: Sergeant

Star: 1030

Date: 02/14/2019

Sgt. Russell, Josey

On scene: ☒

Briefed reviewing supervisor: ☒

Entered into UOF log: ☒

Reviewed incident report: ☐

Name of Reviewing Supervisor:

Rank: SERGEANT

Star: 4285

Date: 2/15/19

Sgt LEE, NATHAN

Reviewed BWC: Y ☒ N ☐

(Required for all serious bodily injury incidents as defined in DGO 5.01 II G.)

If no, why?

Other video available?: Y ☒ N ☐

Other video viewed?: ☒

Reviewed incident report: ☒

Name of Lieutenant Reviewing:

Star: 739

Date: 2/15/19

A/L Perez

Reviewed BWC: Y ☒ N ☐

(Required for all serious bodily injury incidents as defined in DGO 5.01 II G.)

If no, why?

Reviewed UOF log: Y ☒ N ☐

Reviewed incident report: ☒

Name of Captain Reviewing:

Captain [REDACTED] #872

Star: 872

Date:

FEB 15 2019

Reviewed incident report: ☒

Commanding Officers:

Email to:

- Field Operations Bureau: sfpd.obhq@sfgov.org
- Risk Management Office: sfpdeisadmin@sfgov.org
- Training Division: sfpd.training.uof.eval@sfgov.org

Completed-Successful Submission

Delete Record

Initial Stop

Officer Information:

Agency ORI: [REDACTED]
DOJ Record ID: U3801194545DBDB91E6
UID: 000A21936
Years of Experience: 3
Type of Assignment: Patrol, traffic enforcement, field operations

New Stop:

Date of Stop: 02/14/2019
Time of Stop: 17:50
Duration of Stop: 5 Minutes
Was the Stop Made in Response to a Call for Service: No

Location

Location for Stop: market and castro
Closest City: SAN FRANCISCO
Stop Location is a K-12 Public School: no
K12 School Name:

Person Stopped

Person - 1

Person Details

Perceived Race Set: White,
Perceived Age: [REDACTED]
Perceived Gender(s): Transgender woman/girl,
Perceived to be LGBTQ: Yes
Perceived Disability (or Disabilities): None,
Perceived Limited English Fluency: No
Is Person Stopped a Student?: No

Reason for Stop

Primary Reason for Stop: Known to be on parole/probation,PRCS, mandatory supervision
Reason for Stop Narrative: known subject who had an outstanding warrant

Actions Taken

List of Action(s) taken: Handcuffed or flex cuffed,

Contraband Evidence

Contraband or Evidence Discovered List: None.

Result of Stop

Result of Stop: Custodial arrest pursuant to outstanding warrant - ,

SFDPA - 0081-19 - 000077

FIFTH AMENDMENT / LYBARGER SCRIPT

If the officer asserts the Fifth Amendment right to silence OR this is a case where you think there might be criminal culpability, use the following page of the script. **If not, skip this page.**

1. Officer _____, because (**pick one or more:** a) there may be criminal culpability on your part, or b) you have asserted the right to remain silent) I want to be certain you understand the following rights:

- You have the right to remain silent.
- Anything you say may be used against you in court.
- You have the right to an attorney before and after questioning.

Do you understand each of these rights that I have explained to you?
With these rights in mind, would you like to answer my questions now?

2. If the named officer chooses to speak to you, skip the rest of this section. If the named officer invokes their Fifth Amendment rights and declines to be interviewed, then read the following Lybarger Advisement:

- While you have the right to remain silent criminally, it is a condition of your employment that you answer my questions in this administrative investigation.
- I work for the Department of Police Accountability of the San Francisco Police Commission. I have been designated by the Police Commission to conduct this investigation. I am therefore ordering you on behalf of the Commission to answer my questions in this administrative investigation.
- If you refuse to answer my questions, your silence can be deemed insubordination and result in administrative discipline, including and up to termination of your employment.
- Any statement you make under the threat of such discipline will be used for administrative purposes only and cannot be used against you criminally, unless you choose to testify in such a criminal case.

3. Do you understand this order? (If not, walk through any questions they have.)

4. Officer _____, will you answer my questions as ordered at this time?

- a. (If yes, proceed with questions.)
- b. (If no, then ask:) Are you refusing to answer my questions? Do you understand that refusing to answer my questions can result in severe discipline, including your termination?

DPA Case No. 0081-19/00042748 Interview Questions for
Officer Bryan Santana #2097
July 31, 2019

Applicable DBs, DGO's:

- **DGO 5.01 Use of Force**
- **DGO 5.03 Investigative Detentions**
- **SFPD Arrest & Control Manual, page 56, Handcuffing Guidelines**
- **Learning domain 15.03.06 Use of Force/Physical Restraint During a Detention**
- [REDACTED]
- [REDACTED]
- **DGO 2.01 – General rules of conduct Rule 9 Misconduct**

Allegations: UF - Use of force during arrest

[REDACTED]

1. How long have you been an SFPD member?
2. What is your current rank? *DY*
3. What is your current assignment?
4. Who do you report to currently? *U. Ver*
5. Did you review any materials before coming here today? If yes, which materials did you review? IR, CAD, BWC related to these activities (Type)?
6. We are going to discuss events that occurred on February 14, 2019. This involved an arrest of the co-complainant [REDACTED] and the use of force during the arrest at Jane Warner Plaza @ Castro & Market Streets at approximately 17:50 hours.
 - a. Is [REDACTED] known by another name? What is that name? [REDACTED]
7. Do you recall what your unit identifier was on February 14, 2019? (3D41D)
8. You were the primary unit, correct?
9. Who was your partner? (Q2 Nagai)
10. Were you and Ofc. Nagai in uniform that day?
11. Who was your supervisor on that date?

12. Describe what lead up to your contact w/ [REDACTED]
13. Tell me in your own words what happened? (Describe your contact w/comp./actions taken)

Unnecessary/excessive force during arrest (DB 17-080?)

14. Did you and Officer Nagai discuss approaching [REDACTED]? If yes, what did you discuss?
15. Aside from the o/s warrant, what did you know about [REDACTED] (hx of resisting?)
16. Was it your intent to arrest [REDACTED] on the outstanding warrant?
17. The report states you called out to [REDACTED] by his street name [REDACTED]. Did you ever call him [REDACTED]?
18. Did you identify yourselves as officers to [REDACTED]?
19. Did you give [REDACTED] any commands prior to approaching him?
20. Did Officer Nagai give [REDACTED] any commands?
21. What about after [REDACTED] pushed you?
22. How did [REDACTED] respond?
23. Can you describe [REDACTED] actions? Was he actively resisting? (physically evasive movements to defeat your attempts at control, including bracing, tensing, running away, verbally, or physically signaling an intention to avoid or prevent being taken into custody)
24. What force option did you use in response to [REDACTED] actions? (physical control holds, takedowns and techniques to direct movement or immobilize [REDACTED])
- a. Grabbed [REDACTED] right arm - Nagai
 - b. Punched [REDACTED] in the head once w/a closed right fist and once w/closed left fist -Nagai
25. Was [REDACTED] able to get back up to a standing position after being on the ground?

26. What did you do? (wrapped arms around [REDACTED] torso to gain leverage and forced [REDACTED] to a prone position using his bodyweight) Is this technique taught in the academy?
27. Who assisted you in handcuffing the complainant?
28. Do you recall how many officers it took to handcuff [REDACTED]?
29. Did you use any Unnecessary or excessive force during the arrest and handcuffing of [REDACTED]?
30. Did you see Ofc. Nagai use any unnecessary or excessive force during the handcuffing/detention of the complainant at the scene?
31. Did you take [REDACTED] by the back of his head and slam his head on the concrete?
32. Did Officer Nagai slam [REDACTED] head on the concrete?
33. Did you see a third officer slam [REDACTED] head on the concrete?
34. Did you or any other officer yank hard on [REDACTED] arm (left)?
35. Did you put [REDACTED] in a choke hold?
36. Did you see any other officer put [REDACTED] in a choke hold?
37. During the contact were you laying on top of [REDACTED] and did you have [REDACTED] neck in the crook of his arm squeezing it?
38. Did you hear [REDACTED] say, "You're hurting me"?
39. Did you hear [REDACTED] say, "You're choking me"?
40. Did you observe any injuries to [REDACTED]? What injuries? (small abrasion to left side of face, small abrasions to left hand, left elbow, right pinky finger (report says left pinky))
41. Did [REDACTED] complain of any pain at the scene? (left pinky finger scene or station?)
42. Did a supervisor respond to the scene? Who was the supervisor?
43. Was the use of force reported to Sgt. Russell?

44. Did Sgt. Russell conduct a Supervisory Use of Force Evaluation?
45. Was an entry made in the Use of Force Log by Sgt. Russell?
46. Was the UOF determined to be within department policy?
47. Did you sustain any injuries during the incident?
48. What were your injuries?
49. Did you require medical tx?
50. Did Ofc. Nagai sustain any injuries?
51. What were his injuries? (abrasions to left elbow, left knee, COP to left knee and neck)
52. Did Ofc. Nagai require medical tx?
53. Who transported [REDACTED] to Mission Station?
54. Why was [REDACTED] transported to Mission Station? (Further inv.)
55. Why was [REDACTED] transported to SFGH?
56. Who called the medics?
57. Did you comply with DGO 5.01 (12/21/16)?
58. Did you have to employ any physical control with [REDACTED] at the station?
 - a. If yes, explain?
59. What actions by [REDACTED] justified the use of physical control? (reasonable cause to believe that the person to be arrested has committed a public offense may use reasonable force to effect the arrest, to prevent escape or to overcome resistance.)
60. Did the situation require the immediate use of physical control?
61. How would you describe [REDACTED] demeanor at the station?
62. At some point you learned that [REDACTED] had a fractured pinky and a bone chip in his left elbow from a previous injury. Who told you (Ofc. Lee)
63. Do you know when [REDACTED] sustained the injury to his finger?

64. Did [REDACTED] refuse medical tx at SFGH?

65. Was [REDACTED] transported to CJ?

66. What was [REDACTED] charged with?

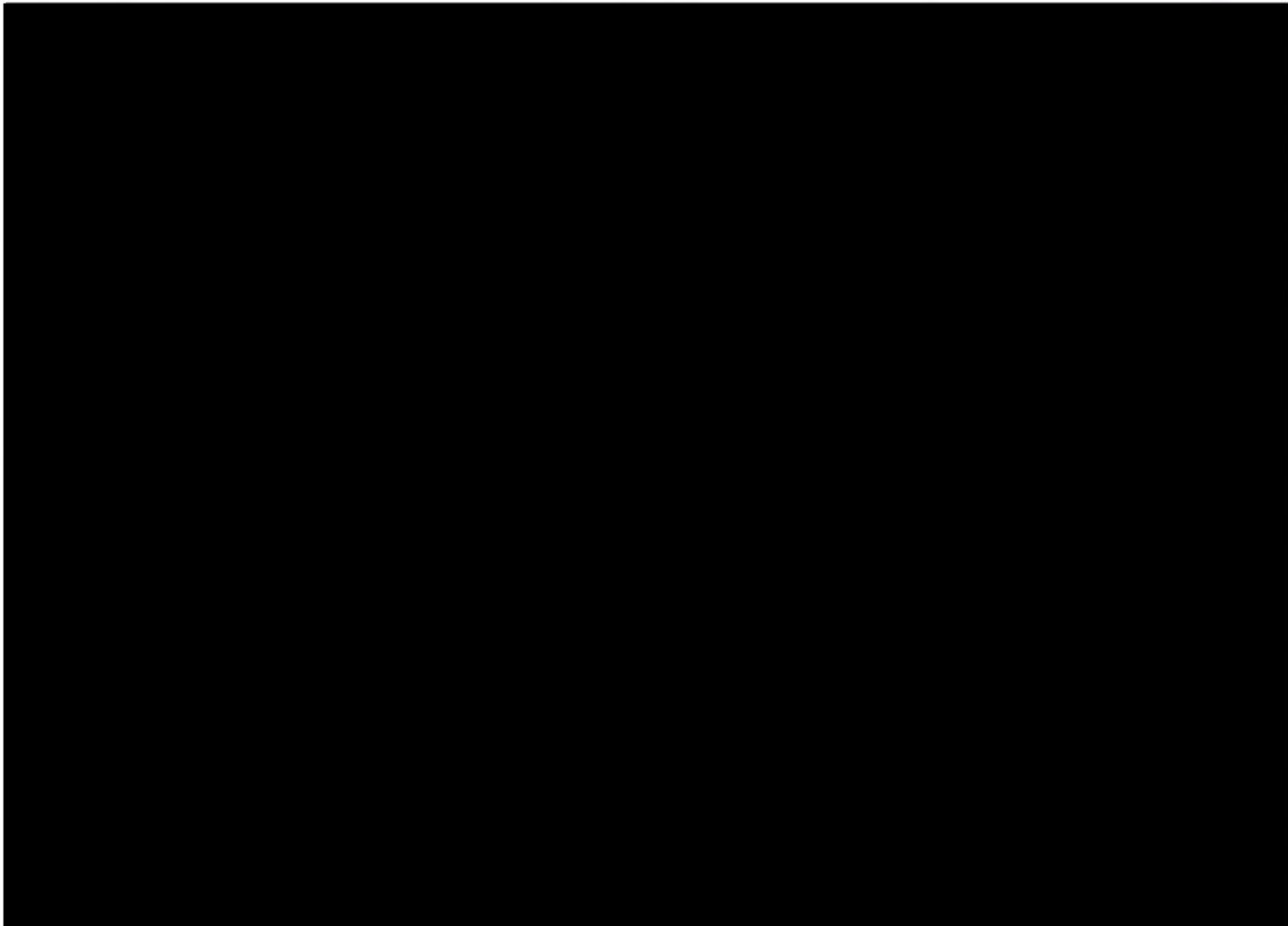
67. Did Sgt. Russell approve the charges?

68. [REDACTED]

[REDACTED] Can you describe the nature of the contacts you've had with [REDACTED] prior to February 14, 2019? What about after the incident?

69. Have you had any contacts with [REDACTED] since you arrested him on February 14, 2019? If yes, describe.

70. Did you approach Mr. [REDACTED] with the intent of arresting him?





INTERVIEW CLOSING

1. Is there any other statement relevant to this incident you wish to make at this time?
2. Are there any witnesses or other evidence relevant to this case that you intend to submit on your behalf?
3. You may submit material to DPA, IAD, and the Chief of Police before an initial decision is made about whether or not to sustain any of the allegations in this case, and what discipline to impose, if any. DPA requests that you submit any further material within two weeks of this interview if possible. Is there anything else you would like the Chief to consider in that regard?
4. The interview is concluded at (Time).

ADMINISTRATIVE INTERVIEW ADVISEMENTS

I have read, understand, and have had opportunity to discuss with the representative here with me today (if any) the following rules and orders relating to this administrative interview:

1. Department General Orders 2.04 and 2.08.
2. Department General Order 2.01, Rules 9, 21, and 49.
3. Government Code 3303(e).

I understand that pursuant to Department General Order 2.01, Rule 49, this interview is part of a confidential investigation. I understand that I am hereby ordered not to speak about this interview to anyone other than my representative.

I understand that this interview is being recorded.

I am not currently using any medication or suffering from any medical condition that would prevent me from providing a truthful and complete statement in this matter.

I understand that I am obligated pursuant to Department General Order 2.01, Rules 9 and 21, and Department General Order 2.04 to cooperate with this investigation, provide my full assistance, and answer all questions truthfully and without evasion. I understand that if I refuse to answer any questions, even on the advice of my representative, I may be subject to discipline for violating Department General Order 2.01, Rules 9 and/or 21.

I understand that if my representative obstructs this interview from going forward, I will be deemed to have failed to cooperate with this investigation. Such a failure to cooperate with this investigation may subject me to discipline.

I understand that my statements and any information I provide will be held confidential consistent with the California Constitution, Article I, Section 1, and the San Francisco City Charter and Administrative Code, and will not be divulged except as required by law.

[Redacted Signature]

BRYAN SANTANA #2097
Name and Star no.

07/31/19
Date

[Redacted Signature]
Representative Signature

KEVIN MORA
Name (and Star no. if any)

7/31/2019
Date

DPA INTERVIEW ADVISEMENT SCRIPT (For All Officer Interviews)

1. This interview regarding DPA Case #0081-19/00042748 is taking place at the Department of Police Accountability on July 31, 2019 at 3:30 o'clock.
2. Conducting this interview is Ellen Dolese. I work for the Department of Police Accountability. I have been designated by the Police Commission to conduct this investigation.
3. The member being interviewed is Officer Nicholas Nagai #2017 who is a named officer in this matter.
4. Representing Officer Nagai is DOA Kevin Martin.
5. **Use this sentence only if the member is a named member:**
 - a. Have you read the DPA Form 293 and Allegation Form(s) regarding the allegations of misconduct?
6. **If you deem there might be criminal culpability on the part of the officer, or if the officer has already indicated a desire to invoke their Fifth Amendment Rights, then do the Fifth Amendment/Lybarger script on page 2 now, then return to question 7, below.**
7. Officer Nagai, I have provided you a DPA Administrative Interview Advisements form. If you have not already, please sign that form and hand it back to me now. (Wait to receive form.) For the recording, I note that Officer Nagai has handed me a DPA Administrative Interview Advisements form which bears his/her signature and star number, and today's date. (I also note that the form has been signed by his/her representative, _____.) I will store this form in the DPA file for this case.
8. With all these advisements in mind, is there any reason you cannot go forward with this interview right now?
 - If the officer says yes, ask why and then resolve the problem.
 - If the officer says he wants more discovery, and this is the first interview, tell him "You have received all the discovery to which you are entitled under Pasadena POA v. City of Pasadena," and proceed with the interview.
 - If the officer says the problem is that s/he wants to assert the Fifth Amendment right to silence, then do the Miranda/Lybarger script on page 2. **DO NOT ASSUME AN INVOCATION** – the officer must say they are invoking.

FIFTH AMENDMENT / LYBARGER SCRIPT

If the officer asserts the Fifth Amendment right to silence OR this is a case where you think there might be criminal culpability, use the following page of the script. **If not, skip this page.**

1. Officer _____, because (**pick one or more:** a) there may be criminal culpability on your part, or b) you have asserted the right to remain silent) I want to be certain you understand the following rights:

- You have the right to remain silent.
- Anything you say may be used against you in court.
- You have the right to an attorney before and after questioning.

Do you understand each of these rights that I have explained to you?
With these rights in mind, would you like to answer my questions now?

2. If the named officer chooses to speak to you, skip the rest of this section. If the named officer invokes their Fifth Amendment rights and declines to be interviewed, then read the following Lybarger Advisement:

- While you have the right to remain silent criminally, it is a condition of your employment that you answer my questions in this administrative investigation.
- I work for the Department of Police Accountability of the San Francisco Police Commission. I have been designated by the Police Commission to conduct this investigation. I am therefore ordering you on behalf of the Commission to answer my questions in this administrative investigation.
- If you refuse to answer my questions, your silence can be deemed insubordination and result in administrative discipline, including and up to termination of your employment.
- Any statement you make under the threat of such discipline will be used for administrative purposes only and cannot be used against you criminally, unless you choose to testify in such a criminal case.

3. Do you understand this order? (If not, walk through any questions they have.)

4. Officer _____, will you answer my questions as ordered at this time?

- a. (If yes, proceed with questions.)
- b. (If no, then ask:) Are you refusing to answer my questions? Do you understand that refusing to answer my questions can result in severe discipline, including your termination?

DPA Case No. 0081-19/00042748 Interview Questions for
Officer Nicholas Nagai #2017
July 31, 2019

Applicable DBs, DGO's:

- **DGO 5.01 Use of Force**
 - **DGO 5.03 Investigative Detentions**
 - **SFPD Arrest & Control Manual, page 56, Handcuffing Guidelines**
 - **Learning domain 15.03.06 Use of Force/Physical Restraint During a Detention**
- [REDACTED]
- **DGO 2.01 – General rules of conduct Rule 9 Misconduct**

Allegations: UF - Use of force during arrest

[REDACTED]

1. How long have you been an SFPD member?
2. What is your current rank? Q3
3. What is your current assignment?
4. Who do you report to currently? Lt. Newbeck n Tiffe
5. Did you review any materials before coming here today? If yes, which materials did you review? IR, CAD, BWC related to these activities (Type)?
6. We are going to discuss events that occurred on February 14, 2019. This involved an arrest of the co-complainant [REDACTED] and the use of force during the arrest at Jane Warner Plaza @ Castro & Market Streets at approximately 17:50 hours.
 - a. Is [REDACTED] known by another name? What is that name? [REDACTED]
7. Do you recall what your unit identifier was on February 14, 2019? (3D41D)
8. You were the primary unit, correct?
9. Who was your partner? (Q2 Santana)
10. Were you and Ofc. Santana in uniform that day?
11. Who was your supervisor on that date? Sgt. Russell
12. Did you prepare the incident report ([REDACTED])?

13. Who approved the report? (Sgt. Nathan Lee #4285)
14. Describe what lead up to your contact w/ [REDACTED]?
15. Tell me in your own words what happened? (Describe your contact w/comp./actions taken)

Unnecessary/excessive force during arrest (DB 17-080?)

16. Did you and Officer Santana discuss approaching [REDACTED]? If yes, what did you discuss?
17. Aside from the o/s warrant, what did you know about [REDACTED]? (hx of resisting?)
18. Was it your intent to arrest [REDACTED] on the outstanding warrant?
19. You stated in your report that Santana called out to [REDACTED] by his street name [REDACTED]. Did Santana ever call him [REDACTED]?
20. Did you identify yourselves as officers to [REDACTED]?
21. Did you give [REDACTED] any commands prior to approaching him?
22. Did Officer Santana give [REDACTED] any commands?
23. What about after [REDACTED] pushed Officer Santana?
24. How did [REDACTED] respond?
25. Can you describe [REDACTED] actions? Was he actively resisting? (physically evasive movements to defeat your attempts at control, including bracing, tensing, running away, verbally, or physically signaling an intention to avoid or prevent being taken into custody)
26. What force option did you use in response to [REDACTED] actions? (Strike by obj (personal body weapon/closed-fist punches) (physical control holds, takedowns and techniques to direct movement or immobilize Cantrell)
 - a. Grabbed [REDACTED] right arm
 - b. Punched [REDACTED] in the head once w/a closed right fist and once w/closed left fist

27. Was [REDACTED] able to get back up to a standing position after being on the ground?
28. What did Ofc. Santana do? (wrapped arms around [REDACTED] torso to gain leverage and forced [REDACTED] to a prone position using his bodyweight) Is this technique taught in the academy?
29. The complainant alleges you had no right to handcuff him. For the record, can you explain why the complainant was handcuffed? (Detention/Refused to sit down/behavior/crime)
30. Did Officer Santana assist you in handcuffing the complainant?
31. Did you check for the proper degree of tightness?
32. Did you double lock the handcuffs?
33. Did the complainant ask you to loosen the handcuffs?
34. Did the complainant say anything about the handcuffs being too tight?
35. What was your response?
36. Do you recall how many officers it took to handcuff [REDACTED]?
37. Did you use any Unnecessary or excessive force during the arrest and handcuffing of Mr. [REDACTED]?
38. Did you see Ofc. Santana use any unnecessary or excessive force during the handcuffing/detention of the complainant at the scene?
39. Did you take [REDACTED] by the back of his head and slam his head on the concrete? ~
40. Did Officer Santana slam [REDACTED] head on the concrete? ~
41. Did you see a third officer slam [REDACTED] head on the concrete? ~
42. Did you or any other officer yank hard on [REDACTED] arm (left)? ~
43. Did you put [REDACTED] in a choke hold? ~
44. Did you see any other officer put [REDACTED] in a choke hold? ~

QDP @ scene

45. Was Ofc. Santana laying on top of [REDACTED] and did he have [REDACTED] neck in the crook of his arm squeezing it?
46. Did you hear [REDACTED] say, "You're hurting me"?
47. Did you hear [REDACTED] say, "You're choking me"?
48. Did you observe any injuries to [REDACTED]? What injuries? (small abrasion to left side of face, small abrasions to left hand, left elbow, right pinky finger (report says left pinky))
49. Did [REDACTED] complain of any pain at the scene? (left pinky finger scene or station?)
50. Did a supervisor respond to the scene? Who was the supervisor?
51. Was the use of force reported to Sgt. Russell?
52. Did Sgt. Russell conduct a Supervisory Use of Force Evaluation?
53. Was an entry made in the Use of Force Log by Sgt. Russell?
54. Was the UOF determined to be within department policy?
55. Did you sustain any injuries during the incident? (left wrist)
56. What were your injuries?
57. Did you require medical tx?
58. Did Ofc. Santana sustain any injuries?
59. What were his injuries? (abrasions to left elbow, left knee, COP to left knee and neck)
60. Did Ofc. Santana require medical tx?
61. Who transported [REDACTED] to Mission Station?
62. Why was [REDACTED] transported to Mission Station? (Further inv.)
63. Why was [REDACTED] transported to SFGH?
64. Who called the medics?
65. Did you comply with DGO 5.01 (12/21/16)?

66. Did you have to employ any physical control with [REDACTED] at the station?
- a. If yes, explain?
67. What actions by [REDACTED] justified the use of physical control? (reasonable cause to believe that the person to be arrested has committed a public offense may use reasonable force to effect the arrest, to prevent escape or to overcome resistance.)
68. Did the situation require the immediate use of physical control?
69. How would you describe [REDACTED] demeanor at the station?
70. At some point you learned that [REDACTED] had a fractured pinky and a bone chip in his left elbow from a previous injury. Who told you (Ofc. Lee)
71. Do you know when [REDACTED] sustained the injury to his finger?
72. Did [REDACTED] refuse medical tx at SFGH?
73. Was [REDACTED] transported to CJ?
74. What was [REDACTED] charged with?
75. Did Sgt. Russell approve the charges?
76. You indicated in your report that you knew Mr. [REDACTED]
- [REDACTED] Can you describe the nature of the contacts you've had with [REDACTED] prior to February 14, 2019? What about after the incident?
77. Have you had any contacts with [REDACTED] since you arrested him on February 14, 2019? If yes, describe.
78. Did you approach Mr. [REDACTED] with the intent of arresting him?
- [REDACTED]



INTERVIEW CLOSING

1. Is there any other statement relevant to this incident you wish to make at this time?
2. Are there any witnesses or other evidence relevant to this case that you intend to submit on your behalf?
3. You may submit material to DPA, IAD, and the Chief of Police before an initial decision is made about whether or not to sustain any of the allegations in this case, and what discipline to impose, if any. DPA requests that you submit any further material within two weeks of this interview if possible. Is there anything else you would like the Chief to consider in that regard?
4. The interview is concluded at (Time).

ADMINISTRATIVE INTERVIEW ADVISEMENTS

I have read, understand, and have had opportunity to discuss with the representative here with me today (if any) the following rules and orders relating to this administrative interview:

1. Department General Orders 2.04 and 2.08.
2. Department General Order 2.01, Rules 9, 21, and 49.
3. Government Code 3303(e).

I understand that pursuant to Department General Order 2.01, Rule 49, this interview is part of a confidential investigation. I understand that I am hereby ordered not to speak about this interview to anyone other than my representative.

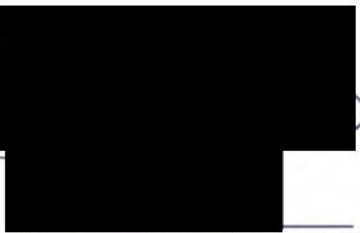
I understand that this interview is being recorded.

I am not currently using any medication or suffering from any medical condition that would prevent me from providing a truthful and complete statement in this matter.

I understand that I am obligated pursuant to Department General Order 2.01, Rules 9 and 21, and Department General Order 2.04 to cooperate with this investigation, provide my full assistance, and answer all questions truthfully and without evasion. I understand that if I refuse to answer any questions, even on the advice of my representative, I may be subject to discipline for violating Department General Order 2.01, Rules 9 and/or 21.

I understand that if my representative obstructs this interview from going forward, I will be deemed to have failed to cooperate with this investigation. Such a failure to cooperate with this investigation may subject me to discipline.

I understand that my statements and any information I provide will be held confidential consistent with the California Constitution, Article I, Section 1, and the San Francisco City Charter and Administrative Code, and will not be divulged except as required by law.


Representative Signature

J. NAGHI #2017
Name and Star no.

7-31-19
Date

KEVIN MONTAN
Name (and Star no. if any)

7-31-19
Date

Dolese, Ellen (DPA)

From: Dolese, Ellen (DPA)
Sent: Thursday, May 23, 2019 8:10 PM
To: Rivera, Sylvia (FIR)
Subject: DPA Case No. 0081-19 HIPAA Compliance Officer

Hello Sylvia,

Can you tell me who is the current HIPAA Compliance Officer is for SFFD?

The last contact I had was Nicholas Izquierdo. I submitted a request back in March to firemedicalrecords@sfgov.org for a PCR and have not received anything. Is Nicholas still handling these or is someone else?

I need to follow up on my request and wonder who is the best person to contact.

Thank you for your assistance.

Ellen Dolese
Investigator
San Francisco Department of Police Accountability
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102
(415) 241-7727 Direct Dial

Dolese, Ellen (DPA)

From: Dolese, Ellen (DPA)
Sent: Monday, March 25, 2019 3:17 PM
To: 'Nicholas (firemedicalrecords@sfgov.org)'
Subject: DPA Case No. 0081-19 Request for PCR
Attachments: DPA Case 0081-19 SignedHIPAAfo[REDACTED].pdf

Good afternoon,

DPA is investigating the above complaint. The complainant was treated by Medic 94 and transported to SFGH. Please provide the Patient Care Report record for:

Date of Incident: 02/14/19
Time: 17:50:16 hours to 00:45:16
Location: Castro St/Market St, SF
Patient Name: [REDACTED]
DOB: [REDACTED]
SFPD CAD Event History Detail: [REDACTED]
SFFD CAD Event History Detail: Unknown

A signed HIPAA authorization form is attached. Be advised the patient is transient, has no address or telephone number. However, he is currently in custody at County Jail #2 and can be contacted at CJ2 if needed.

Thank you for your assistance.

Ellen Dolese
Investigator
San Francisco Department of Police Accountability
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102
(415) 241-7727 Direct Dial

Dolese, Ellen (DPA)

From: Dolese, Ellen (DPA)
Sent: Monday, March 25, 2019 3:17 PM
To: 'Nicholas (firemedicalrecords@sfgov.org)'
Subject: DPA Case No. 0081-19 Request for PCR
Attachments: DPA Case 0081-19 SignedHIPAAfo [REDACTED].pdf

Good afternoon,

DPA is investigating the above complaint. The complainant was treated by Medic 94 and transported to SFGH. Please provide the Patient Care Report record for:

Date of Incident: 02/14/19
Time: 17:50:16 hours to 00:45:16
Location: Castro St/Market St, SF
Patient Name: [REDACTED]
DOB: [REDACTED]
SFPD CAD Event History Detail: [REDACTED]
SFFD CAD Event History Detail: Unknown

A signed HIPAA authorization form is attached. Be advised the patient is transient, has no address or telephone number. However, he is currently in custody at County Jail #2 and can be contacted at CJ2 if needed.

Thank you for your assistance.

Ellen Dolese
Investigator
San Francisco Department of Police Accountability
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102
(415) 241-7727 Direct Dial



DPA

San Francisco Department of Police Accountability

Paul David Henderson
Executive Director

March 25, 2019

San Francisco General Hospital
Attn.: Medical Records
1001 Potrero Avenue
San Francisco, CA 94110

REQUEST FOR MEDICAL RECORDS

RE: DPA Case Number: 0081-19

Patient Name: [REDACTED]

Dates of Treatment: 02/14/19 to 02/15/19

Dear Medical Provider:

The above-named patient has indicated he received medical treatment and/or services from SFGH related to injuries he received on or about February 14/15, 2019. Please provide the medical records related to the above dates of treatment.

A signed HIPAA authorization form is enclosed.

Please send the records to: Dept. of Police Accountability, Attn.: Investigator Dolese, 25 Van Ness Ave., Suite 700, San Francisco, 94102.

If you have any questions, I can be reached at (415) 241-7727. Thank you for your assistance.

Sincerely,

ELLEN DOLESE
Investigator

Enclosure – signed HIPAA authorization

Dolese, Ellen (DPA)

From: Dolese, Ellen (DPA)
Sent: Thursday, March 14, 2019 1:19 PM
To: 'execdirector@castrocbd.org'
Subject: DPA Case No. 0081-19 Request for information regarding video surveillance cameras in CBD

Good afternoon,

The Department of Police Accountability (DPA) is a civilian staffed City & County of San Francisco agency. The mission of the DPA is to promptly, fairly and impartially investigate complaints of police misconduct or allegations that a member of the San Francisco Police Department has not properly performed a duty. The DPA is investigating a complaint regarding an incident that occurred on February 14, 2019 at approximately 5:50 p.m. on the sidewalk at Castro St./Market St. (Jane Warner Plaza). The incident involved several SFPD officers and the arrest of an individual. I would like to know whether the CBD can provide information about the location of any video surveillance cameras in the area that may have captured the incident.

Any assistance you can provide would be appreciated.

Ellen Dolese, CPO
Investigator
San Francisco Department of Police Accountability
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102
(415) 241-7727 Direct Dial

Dolese, Ellen (DPA)

From: Dolese, Ellen (DPA)
Sent: Wednesday, March 13, 2019 4:44 PM
To: Kinser, Stacie (PDR)
Subject: RE: DPA Case No. 0081-19

Okay, 3/22 @ 10:00 a.m it is.

See you then,

Ellen Dolese, CPO
Investigator
San Francisco Department of Police Accountability
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102
(415) 241-7727 Direct Dial

From: Kinser, Stacie (PDR) <stacie.kinser@sfgov.org>
Sent: Wednesday, March 13, 2019 4:42 PM
To: Dolese, Ellen (DPA) <ellen.dolese@sfgov.org>
Subject: RE: DPA Case No. 0081-19

Let's do 3/22 please. I will be handling in-custody arraignments in Department 17 on 3/18, so will not be able to go up to CJ2 that morning.

From: Dolese, Ellen (DPA)
Sent: Wednesday, March 13, 2019 2:57 PM
To: Kinser, Stacie (PDR) <stacie.kinser@sfgov.org>
Subject: RE: DPA Case No. 0081-19

Hi Stacie,

Thank you for the quick reply. Here are a couple of dates and times – let me know what works for you or suggest an alternate date. I think mornings work better because the jail is not able to accommodate us from 2-3:30 daily as personnel is busy transferring individuals, etc.
I could also do 1:00 p.m.

March 18 – 10:00 a.m.
March 22 – 10:00 a.m.

I mailed a contact letter to your client to let him know DPA would like to interview him about the incident and advised him to contact his attorney if he is represented. We can meet at CJ 2. Hopefully there will be a room available for us. Also, Investigator Benitez will sit in on the interview for training purposes. He is new to our agency.

Ellen Dolese, CPO
Investigator
San Francisco Department of Police Accountability
25 Van Ness Avenue, Suite 700

San Francisco, CA 94102
(415) 241-7727 Direct Dial

From: Kinser, Stacie (PDR) <stacie.kinser@sfgov.org>
Sent: Wednesday, March 13, 2019 2:14 PM
To: Dolese, Ellen (DPA) <ellen.dolese@sfgov.org>
Subject: RE: DPA Case No. 0081-19

Hi Ellen,

I do not have an objection to your interviewing Mr. [REDACTED] in my presence.

When would you like to interview him?

From: Dolese, Ellen (DPA)
Sent: Wednesday, March 13, 2019 11:54 AM
To: Kinser, Stacie (PDR) <stacie.kinser@sfgov.org>
Subject: DPA Case No. 0081-19

Good morning Stacie,

I'm investigating a DPA complaint filed with our office. There is an allegation that SFPD officers used excessive force on an individual who was subsequently arrested. I queried QCX in CABLE and your name appears as the PD of record.

DPA would like to interview the individual involved regarding the incident. Here are the details:

[REDACTED]

Mr. [REDACTED] is currently housed at CJ 2. Looks like has a hearing on calendar for [REDACTED]. Mr. [REDACTED] is not the complainant, but DPA would like to ask Mr. [REDACTED] about the incident and whether he wishes to be a co-complainant. The scope of our investigation is limited to Mr. [REDACTED] contact with the officers. All of the charges related to the 243, 148, 20 and 69 appear to have been dismissed.

Would you have any objection to DPA interviewing Mr. [REDACTED]?

Regards,

Ellen Dolese, CPO
Investigator
San Francisco Department of Police Accountability
25 Van Ness Avenue, Suite 700
San Francisco, CA 94102
(415) 241-7727 Direct Dial



DPA

San Francisco Department of Police Accountability

Paul David Henderson
Executive Director

March 13, 2019

[REDACTED]
San Francisco County Jail No. 2
425 – Seventh Street
San Francisco, CA 94103

Re: DPA Case No. 0081-19

Dear [REDACTED]:

The Department of Police Accountability (DPA) is a civilian-staffed San Francisco agency. The mission of the DPA is to promptly, fairly and impartially investigate complaints of police misconduct or allegations that a member of the San Francisco Police Department has not properly performed a duty. We received a complaint regarding the incident you were involved in with SFPD officers on February 14, 2019 at Jane Warner Plaza. I would like to speak with you about what happened and would appreciate it if you would call me at your earliest convenience.

You can reach me at (415) 241-7711 or ellen.dolese@sfgov.org. If I am not in the office when you call, please leave me a message with some good times to call you back and a contact phone number. If you are represented by an attorney, please contact your attorney prior to contacting me.

Thank you for your attention in this important matter.

Sincerely,

Ellen Dolese, CPO
Investigator

Dolese, Ellen (DPA)

From: Melendez, Mirna (POL)
Sent: Wednesday, March 6, 2019 9:21 AM
To: Dolese, Ellen (DPA)
Cc: Melendez, Mirna (POL)
Subject: DPA Routine Request 190-112-820 (UofF Log)
Attachments: 190-112-820 (Inv Dolese) UofF Log Only.pdf

Hi,

I've given the request to the Keeper, who will get the additional info from their files. I've attached the UofF Log which I maintain.

Mirna
558-5455

Dolese, Ellen (DPA)

From: Melendez, Mirna (POL)
Sent: Wednesday, March 6, 2019 1:07 PM
To: Dolese, Ellen (DPA)
Cc: Melendez, Mirna (POL)
Subject: DPA Routine doc Req 190-112-820 (Complete Package)
Attachments: 190-112-820 (Inv Dolese) Complete Package.pdf

Dolese, Ellen (DPA)

From: Melendez, Mirna (POL)
Sent: Wednesday, March 6, 2019 9:21 AM
To: Dolese, Ellen (DPA)
Cc: Melendez, Mirna (POL)
Subject: DPA Routine Request 190-112-820 (Uoff Log)
Attachments: 190-112-820 (Inv Dolese) Uoff Log Only.pdf

Hi,

I've given the request to the Keeper, who will get the additional info from their files. I've attached the Uoff Log which I maintain.

Mirna
558-5455



DPA

San Francisco Department of Police Accountability

Paul David Henderson
Executive Director

DPA REQUEST FOR: **DEM RECORDS**

Via Facsimile (415) 558-3869

Date: 03/05/19

TO: Department of Emergency Management
Custodian of Records
FROM: Ellen Dolese, Investigator
SUBJECT: Request for Communications Data
DPA CASE #: 0081-19

I am currently investigating the above-referenced DPA complaint and would like to review the following data:

DATE/ TIME: 02/14/2019, 17:50
LOCATION: Castro St/Market St, SF
CAD NO: [REDACTED]
PRIMARY UNIT: 3D41D
INCIDENT REPORT #: [REDACTED]

INCIDENT DESCRIPTION: 148 w/multiple Mission Units responding

MATERIAL REQUESTED:

CAD printout
Communications tape

Thank you for your assistance. Please contact me at (415) 241-7727 or ellen.dolese@sfgov.org if you have any questions.



DPA

San Francisco Department of Police Accountability

Paul David Henderson
Executive Director

Date: 03/05/2019 at 19:00

Officer in Charge, Legal Division
San Francisco Police Department
Headquarters
1245 3rd Street
San Francisco, CA 94158

VIA FACSIMILE: (415) 553-1999

Re: DPA Case Number 0081-19
Non-Routine Request

The Department of Police Accountability is investigating the above-referenced case. Please provide by mail or fax (241-7733) the following documents:

- 1) **Supervisory Use of Force Evaluation Form** related to SFPD Incident Report No. 190112820; 2) **Copy of CD of video surveillance and 8 photographs** identified as "EVD 1" in IR # [REDACTED]; 3) **Stop Data Collection System (SDCS) entry** related to [REDACTED] CAD # [REDACTED] for 2/14/18 by Officers Nicholas Nagai #2017 and Bryan Santana #2097.

This request is made in compliance with SFPD-DPA Document Protocol. Thank you for your assistance with this investigation.

Sincerely,

Ellen Dolese
Investigator
Direct: 415-241-7727
Ellen.dolese@sfgov.org

DPA Routine Document Request

To: Ofc. David Hoang-Stationkeeper/Mission Station

Date/Time: 03/05/2019 18:01 Investigator: Ellen Dolese

SFPD Incident #: [REDACTED]

Phone #: 415-241-7727

DPA Case #: 0081-19

Deliver Documents:

☒ Fax DPA: 241-7733

☐ 25 Van Ness #700, 94102

Comments: Please provide any and all Arrest logs, records, and Use of Force logs for 02/14/19 related to the arrest and Use of Force involving Robert Cantrell, DOB: 7/19/77-Thank you.

Please forward the following documents to the DPA. The documents requested are considered routine under the SFPD-OCC Document Production Protocol, which requires a response to this request within three (3) days. As required by the Protocol, this request has been sent concurrently to Police Legal.

- | | |
|---|--|
| <input type="checkbox"/> 12500 CVC Report (SFPD Form 164(a)) | <input type="checkbox"/> Incident Reports (including all supplemental reports) |
| <input type="checkbox"/> 14601 CVC Report (SFPD Form 164) | <input type="checkbox"/> Intoxilizer Model 5000 Checklist (or other models)(SFPD Form 15) |
| <input type="checkbox"/> Academy training records | <input type="checkbox"/> Line-up Record (SFPD Form 56) |
| <input type="checkbox"/> Affidavit of Termination of Investigation (SFPD Form 470) | <input type="checkbox"/> Media footage |
| <input type="checkbox"/> Airport activity logs | <input type="checkbox"/> Medical Screening Form (SFPD Form 54) |
| <input type="checkbox"/> Anticipated Watch Report (SFPD Form 22) | <input type="checkbox"/> Mug Shots (criminal history information tracking number to be redacted) |
| <input checked="" type="checkbox"/> Arrest Record/Booking Slip (Form 3800-09) | <input type="checkbox"/> Notice of Motor Vehicle Accident (SFPD Form 325) |
| <input type="checkbox"/> Candlestick Park activity logs | <input type="checkbox"/> Officer notes (Photocopies only) |
| <input type="checkbox"/> Cell Check Log (SFPD Form 51) | <input type="checkbox"/> Officer's Daily Report (Traffic Division)(SFPD Form 106) |
| <input type="checkbox"/> Certificate of Release (SFPD Form 184) | <input type="checkbox"/> Overtime and Holiday Watch Report (SFPD Form 238) |
| <input type="checkbox"/> Citation log book records | <input type="checkbox"/> AT&T Park activity logs |
| <input type="checkbox"/> Citizen Arrest Form (SFPD Form 80) | <input type="checkbox"/> Payroll records |
| <input type="checkbox"/> Citizen Complaint Investigation Memorandum | <input type="checkbox"/> Permission to Search Form (SFPD Form 468) |
| <input type="checkbox"/> Cold Show Admonishment (SFPD Form 466) | <input type="checkbox"/> Photographic Line-up Instructions (SFPD Form 467) |
| <input type="checkbox"/> Corrected Watch Report (SFPD Form 117) | <input type="checkbox"/> PLES (10-B assignment) rosters |
| <input type="checkbox"/> Court Protective Orders or Emergency Protective Orders | <input type="checkbox"/> POST training materials |
| <input type="checkbox"/> DABOR reports (post-hearing) | <input type="checkbox"/> Prisoner Transfer Record (SFPD Form 78) |
| <input checked="" type="checkbox"/> Daily Arrest logs (SFPD Form 307) | <input type="checkbox"/> Property logs (from both stations and property control) (SFPD Form 230) |
| <input type="checkbox"/> Demonstration Memorandum (SFPD Form 77) | <input type="checkbox"/> Property Receipt Form (SFPD Form 315) |
| <input type="checkbox"/> Demonstration squad charts | <input type="checkbox"/> Property Release Form (SFPD Form 158) |
| <input type="checkbox"/> DMV Officer's Statement | <input type="checkbox"/> Public Intoxication Report (SFPD Form 69) |
| <input type="checkbox"/> DMV Order of Suspension (Form 360 & 360(A)) | <input type="checkbox"/> Ride-along Request and Review (SFPD Form 84) |
| <input type="checkbox"/> DMV Supplemental to Officer's Statement (Blood/Urine Test Results) | <input type="checkbox"/> Roll call training logs |
| <input type="checkbox"/> DMV Traffic Accident Report Form | <input type="checkbox"/> Secondary Employment Application (SFPD Form 156) |
| <input type="checkbox"/> DMV Verbal Notice by Police Officer | <input type="checkbox"/> SFPD Dismissal Request (SFPD Form 256) |
| <input type="checkbox"/> Domestic Violence Response Unit Tapes | <input type="checkbox"/> SFPD officer photographs |
| <input type="checkbox"/> Domestic Violence Supplemental Report forms (SFPD 480a & 480b) | <input type="checkbox"/> SFPD officer weight and height descriptions |
| <input type="checkbox"/> Driving Under the Influence Card (SFPD Form 462) | <input checked="" type="checkbox"/> Station Arrest Logs |
| <input type="checkbox"/> Driving Under the Influence Report (SFPD Form 284A-D) | <input type="checkbox"/> Strip search authorization form (SFPD Form 305) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26) | <input type="checkbox"/> Traffic Collision Reports (CHP555, 555-03 & 556) |
| <input type="checkbox"/> Drug Influence Evaluation Report (SFPD Form 26A & B) | <input type="checkbox"/> Traffic Court Report (SFPD Form 295) |
| <input type="checkbox"/> Event operation orders | <input type="checkbox"/> Unit Orders |
| <input type="checkbox"/> Field Arrest Card | <input checked="" type="checkbox"/> Use of force logs (SFPD Form 128) |
| <input type="checkbox"/> Field Interview Card (SFPD Form 114) | <input type="checkbox"/> Verification of latent fingerprint request (SFPD Form 235)(not including results) |
| <input type="checkbox"/> Firearms Training Roster (SFPD Form 53) | <input type="checkbox"/> Daily Equipment Sign-Out and Sign-In Sheet (SFPD Form 474) |
| <input type="checkbox"/> Fleet management records | |
| <input type="checkbox"/> Hit and Run Record (SFPD Form 133) | |

SFDPA - 0081-19 - 000110



DPA

San Francisco Department of Police Accountability

Paul David Henderson
Executive Director

Date: 03/05/2019 at 17:45

Officer in Charge, Legal Division
San Francisco Police Department
Headquarters
1245 3rd Street
San Francisco, CA 94158

VIA FACSIMILE: (415) 553-1999

Re: DPA Case Number 0081-19
Non-Routine Request

The Department of Police Accountability is investigating the above-referenced case. Please provide by mail or fax (241-7733) the following documents: **Any and all Body Worn Camera video associated with CAD # [REDACTED] (SFPD IR # [REDACTED]) on 2/14/19, including but not limited to Officers Nicholas Nagai #2017, Bryan Santana #2097, Raymond Lee #469, Laura Zasly #1239, David Hoang #308, Reilly Hanson #1613, Joel Portillo #1276, Jesus Perez #233, Telma Miranda Chicas #1224, Josey Russell #1030, Kyle Deidrick #1039, Irving Garcia, Jr. #1810, Nathalie Peraza #2064, Ronald Kuchac #203, Cassie Avila #230, Philip Leung #328, and Alexander Anton-Buzzard #124.**

This request is made in compliance with SFPD-DPA Document Protocol. Thank you for your assistance with this investigation.

Sincerely,

Investigator
Direct: 415-241-7727
Ellen.dolese@sfgov.org

Employee Scheduling

EmplID: [REDACTED] Nagai, Nicholas H. Star: 2017 Rank: Q 2 Mobilization: 1100-2300
 From Date: 02/14/2019 To Date: 02/15/2019 [Get Rows](#)

[Customize](#) | [Find](#) | [View All](#) First 1-3 of 3 Last

	Schd Date	Day	*Pay Type	Leave Reason	*Department	*Shift ID	Unit	Start Date	Start Time	End Date	End Time	OT Reason	OT Approved By	OT Ap
1	02/14/2019	Thu	REG		MISS	3	3D41D	02/14/2019	3:00PM	02/15/2019	1:00AM			
2	02/15/2019	Fri	REG		MISS	3	3D41D	02/15/2019	3:00PM	02/16/2019	1:00AM			
3	02/15/2019	Fri	OT3		MISS	3		02/15/2019	1:00AM	02/15/2019	2:00AM	Mandatory	[REDACTED]	02/15/

[Customize](#) | [Find](#) | [View All](#) 1-3 of 3 Last

Employee Scheduling

EmplID: [REDACTED] Santana, Bryan M
 Star: 2097 Rank: Q 2
 Mobilization: 1800-0600
 From Date: 02/14/2019 31
 To Date: 02/15/2019 31
 Get Rows

[Customize](#) | [Find](#) | [View All](#)
 First ◀ 1-3 of 3 ▶ Last

	Schd Date	Day	*Pay Type	Leave Reason	*Department	*Shift ID	Unit	Start Date	Start Time	End Date	End Time	OT Reason	OT Approved By	OT Ap
1	02/14/2019	Thu	REG		MISS	3	3D41D	02/14/2019	3:00PM	02/15/2019	1:00AM			
2	02/15/2019	Fri	REG		MISS	3	3D41D	02/15/2019	3:00PM	02/16/2019	1:00AM			
3	02/15/2019	Fri	OT3		MISS	3		02/15/2019	1:00AM	02/15/2019	2:00AM	Mandatory	[REDACTED]	02/15/

[Customize](#) | [Find](#) | [View All](#)
 ◀ 1-3 of 3 ▶ Last

Save
Return to Search

To: OFC OF CITIZEN	,,,4152417733	Date: 02/14/19	Time: 17:57
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=====0000000785=====

Thu 14-Feb-19 05:57p

=====

TO: Office

FROM: Dero

CO:

TEL#: 415-424-5753

TK BRIEF MSG FR CLRS FILING COMPLAINT!

** READ ER PAGE INFO CAREFULLY **

MSG: Witnessed a brutal display of
force by officers, Has Video, Please
call him Tomorrow.

Message History Account: 785

Taken: Thu 14-Feb-2019 5:57p MWK

Serial#: 1

=====0000000785=====

DEPARTMENT OF POLICE ACCOUNTABILITY

CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

RE: DPA Case No. 0081-19

AUTHORIZATION FOR DISCLOSURE AND USE OF PROTECTED HEALTH INFORMATION TO AND BY THE DEPARTMENT OF POLICE ACCOUNTABILITY

EXPLANATION: This Authorization is necessary for the Department of Police Accountability ("DPA") and the health care provider(s) or other persons having custody of protected health information about you to comply with California and federal laws pertaining to the privacy, disclosure and use of protected health information. This Authorization is necessary for the health care provider(s) or other persons listed below to disclose your health information to the DPA, and for the DPA to use your health information. Please provide all requested information. FAILURE TO PROVIDE ALL REQUESTED INFORMATION MAY INVALIDATE THIS AUTHORIZATION AND PREVENT YOUR HEALTH CARE PROVIDER OR OTHER PERSONS HAVING CUSTODY OF PROTECTED HEALTH INFORMATION ABOUT YOU FROM ACTING ON THIS AUTHORIZATION.

→ Name of Patient: [REDACTED]
Other Names
(a.k.a.):
Date of Birth [REDACTED]
Gender
Address
Phone

- 1. **PERSONS AUTHORIZED TO DISCLOSE PROTECTED HEALTH INFORMATION.** I authorize the following health care provider(s), person(s) or class of persons to disclose health information about me as described in section 2, below:

San Francisco General Hospital (SFGH)

San Francisco Fire Dept. including Ambulance, Paramedics/EMTs)

(Print the name or names of health care providers and persons or class(es) of persons authorized to disclose health care information about you to DPA. These may include physicians, hospitals, clinics, paramedics, departments of the City and County of San Francisco, e.g., S.F.F.D. or Department of Public Health, or other persons or entities having custody of health information about you. Please be as specific as possible.)

2. **DESCRIPTION OF INFORMATION.** This Authorization permits the use and disclosure of information as described in this Section 2, below. By checking the boxes below, I specifically authorize the release of the records and information described, if such records and information

Page 1 of 4

DEPARTMENT OF POLICE ACCOUNTABILITY

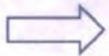
CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

exist. The use and/or disclosure of records and information shall be limited to the types of information, types of treatment and/or dates of treatment I authorize, as indicated by checking the appropriate box(es) below. Authorization to disclose and/or use protected classes of information regarding mental health treatment, substance abuse treatment, HIV/AIDS tests or treatment, developmental disabilities and sexually transmitted disease require that I initial the appropriate space as indicated. California law requires that recipients of my health information refrain from redisclosing such information except with my written authorization or as specifically required by law.

(Check all applicable boxes and initial selection)



☐ _____ All of my health information pertaining to any medical history, physical condition and treatment received. Except (optional) _____
(Initial)

Or, only the following records or types of health information and/or only on the specified date(s):

Date(s) of Treatment: 2/14/19 – 2/15/19

Type of Treatment: Emergency

(Inpatient, Emergency, Outpatient, Other)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Billing records | <input type="checkbox"/> Immunizations |
| <input checked="" type="checkbox"/> Progress Notes | <input checked="" type="checkbox"/> Pathology Reports |
| <input checked="" type="checkbox"/> EKG Results | <input checked="" type="checkbox"/> Orders |
| <input checked="" type="checkbox"/> Medications | <input checked="" type="checkbox"/> History & Physical |
| <input checked="" type="checkbox"/> Consultation | <input checked="" type="checkbox"/> Operative Reports |
| <input checked="" type="checkbox"/> Lab Reports | <input checked="" type="checkbox"/> Emergency Room Records |
| <input checked="" type="checkbox"/> Nurse's Notes | <input checked="" type="checkbox"/> All health information |
| <input checked="" type="checkbox"/> X-Ray Results | <input checked="" type="checkbox"/> Patient Care Reports related to date(s) or type of treatment listed above (SFFD Paramedics) |
| <input checked="" type="checkbox"/> Discharge Summary | |

☐ _____ Other: _____
(Initial)

Page 2 of 4

DEPARTMENT OF POLICE ACCOUNTABILITY

CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

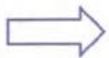
Initial below for approval to disclose protected classes of information:

- ☐ _____ Mental Health Treatment
(Initial)
- ☐ _____ Substance Abuse Treatment
(Initial)
- ☐ _____ HIV/AIDS Test/Treatment
(Initial)
- ☐ _____ Sexually Transmitted Infections
(Initial)
- ☐ _____ Developmental Disabilities
(Initial)

I understand that the information I authorize to be disclosed and/or used may also include any medical history, physical or mental condition, services rendered and/or treatment received.

3. **AUTHORIZED USERS AND RECIPIENTS.** I hereby authorize the Department of Police Accountability, 25 Van Ness Avenue, Suite 700, San Francisco, CA 94102, and its employees and agents, to receive and use the health information checked in Section 2, above.

I hereby authorize the health care provider(s) or other person(s) identified in Section 1, above, to be interviewed by the Department of Police Accountability regarding the medical treatment provided for the dates and/or specific conditions described in Section 2, above (initial one):



☐ _____ Yes ☐ _____ No
(Initial) (Initial)

4. **PURPOSE.** I hereby authorize the use of health information checked in Section 2, above, for all official purposes of the Department of Police Accountability, including the investigation of citizen complaints against members of the San Francisco Police Department and potential disciplinary action in connection therewith. Send records to: Department of Police Accountability, 25 Van Ness Avenue, Suite 700, San Francisco, CA 94102.

5. **MY RIGHTS; REVOCATION.** I understand that authorizing the disclosure and use of health information about me is voluntary. I may refuse to sign this Authorization. I may revoke this Authorization at any time. Revocation of this Authorization must be in writing, signed by me or on my behalf by someone with the legal authority to do so, and delivered to the person(s) authorized to disclose health information about me as set forth in Section 1, above. My revocation will be effective upon receipt, but will not be effective to the extent the person(s) set forth in Section 1 acted in reliance upon this Authorization prior to my revocation. I have a right

Page 3 of 4

DEPARTMENT OF POLICE ACCOUNTABILITY

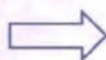
CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

to obtain a copy of this Authorization. I may not be denied treatment, payment, enrollment in a health plan or eligibility for benefits if I refuse to sign this Authorization.

6. **EXPIRATION.** Unless otherwise revoked, this Authorization will expire one (1) year from the date of execution unless a different end date or event is specified in Section 7, below, OR immediately upon the fulfillment of DPA's request for protected classes of information initiated in Section 2, above.
7. **EVENT/CONDITION.** (Optional) This Authorization will expire upon the occurrence of the following event or condition:



3/22/19
Date

Signature of Patient

Relationship (if not Patient)

Witness (required if Patient is unable to sign)

Interpreter used: ☐ Yes ☐ No

DEPARTMENT OF POLICE ACCOUNTABILITY

CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

RE: DPA Case No. 0081-19

AUTHORIZATION FOR DISCLOSURE AND USE OF PROTECTED HEALTH INFORMATION TO AND BY THE DEPARTMENT OF POLICE ACCOUNTABILITY

EXPLANATION: This Authorization is necessary for the Department of Police Accountability ("DPA") and the health care provider(s) or other persons having custody of protected health information about you to comply with California and federal laws pertaining to the privacy, disclosure and use of protected health information. This Authorization is necessary for the health care provider(s) or other persons listed below to disclose your health information to the DPA, and for the DPA to use your health information. Please provide all requested information. FAILURE TO PROVIDE ALL REQUESTED INFORMATION MAY INVALIDATE THIS AUTHORIZATION AND PREVENT YOUR HEALTH CARE PROVIDER OR OTHER PERSONS HAVING CUSTODY OF PROTECTED HEALTH INFORMATION ABOUT YOU FROM ACTING ON THIS AUTHORIZATION.

➡ Name of Patient: [REDACTED]
Other Names (a.k.a.): _____
Date of Birth: [REDACTED]
Gender: _____
Address: _____
Phone: _____

- ➡ 1. **PERSONS AUTHORIZED TO DISCLOSE PROTECTED HEALTH INFORMATION.** I authorize the following health care provider(s), person(s) or class of persons to disclose health information about me as described in section 2, below:

San Francisco General Hospital (SFGH)

San Francisco Fire Dept. including Ambulance, Paramedics/EMTs)

(Print the name or names of health care providers and persons or class(es) of persons authorized to disclose health care information about you to DPA. These may include physicians, hospitals, clinics, paramedics, departments of the City and County of San Francisco, e.g., S.F.F.D. or Department of Public Health, or other persons or entities having custody of health information about you. Please be as specific as possible.)

2. **DESCRIPTION OF INFORMATION.** This Authorization permits the use and disclosure of information as described in this Section 2, below. By checking the boxes below, I specifically authorize the release of the records and information described, if such records and information

Page 1 of 4

DEPARTMENT OF POLICE ACCOUNTABILITY

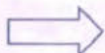
CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

exist. The use and/or disclosure of records and information shall be limited to the types of information, types of treatment and/or dates of treatment I authorize, as indicated by checking the appropriate box(es) below. Authorization to disclose and/or use protected classes of information regarding mental health treatment, substance abuse treatment, HIV/AIDS tests or treatment, developmental disabilities and sexually transmitted disease require that I initial the appropriate space as indicated. California law requires that recipients of my health information refrain from redisclosing such information except with my written authorization or as specifically required by law.

(Check all applicable boxes and initial selection)



☐ _____ All of my health information pertaining to any medical history, physical
(Initial) condition and treatment received. Except (optional) _____

Or, only the following records or types of health information and/or only on the specified date(s):

Date(s) of Treatment: 2/14/19 – 2/15/19

Type of Treatment: Emergency

(Inpatient, Emergency, Outpatient, Other)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Billing records | <input type="checkbox"/> Immunizations |
| <input checked="" type="checkbox"/> Progress Notes | <input checked="" type="checkbox"/> Pathology Reports |
| <input checked="" type="checkbox"/> EKG Results | <input checked="" type="checkbox"/> Orders |
| <input checked="" type="checkbox"/> Medications | <input checked="" type="checkbox"/> History & Physical |
| <input checked="" type="checkbox"/> Consultation | <input checked="" type="checkbox"/> Operative Reports |
| <input checked="" type="checkbox"/> Lab Reports | <input checked="" type="checkbox"/> Emergency Room Records |
| <input checked="" type="checkbox"/> Nurse's Notes | <input checked="" type="checkbox"/> All health information |
| <input checked="" type="checkbox"/> X-Ray Results | <input checked="" type="checkbox"/> Patient Care Reports related to date(s)
or type of treatment listed above
(SFFD Paramedics) |
| <input checked="" type="checkbox"/> Discharge Summary | |

☐ [Redacted] Other: _____
(Initial)

DEPARTMENT OF POLICE ACCOUNTABILITY

CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

Initial below for approval to disclose protected classes of information:

- ☐ _____ Mental Health Treatment
(Initial)
- ☐ _____ Substance Abuse Treatment
(Initial)
- ☐ _____ HIV/AIDS Test/Treatment
(Initial)
- ☐ _____ Sexually Transmitted Infections
(Initial)
- ☐ _____ Developmental Disabilities
(Initial)

I understand that the information I authorize to be disclosed and/or used may also include any medical history, physical or mental condition, services rendered and/or treatment received.

3. **AUTHORIZED USERS AND RECIPIENTS.** I hereby authorize the Department of Police Accountability, 25 Van Ness Avenue, Suite 700, San Francisco, CA 94102, and its employees and agents, to receive and use the health information checked in Section 2, above.

I hereby authorize the health care provider(s) or other person(s) identified in Section 1, above, to be interviewed by the Department of Police Accountability regarding the medical treatment provided for the dates and/or specific conditions described in Section 2, above (initial one):



☐ _____ Yes ☐ _____ No
(Initial) (Initial)

4. **PURPOSE.** I hereby authorize the use of health information checked in Section 2, above, for all official purposes of the Department of Police Accountability, including the investigation of citizen complaints against members of the San Francisco Police Department and potential disciplinary action in connection therewith. Send records to: Department of Police Accountability, 25 Van Ness Avenue, Suite 700, San Francisco, CA 94102.

5. **MY RIGHTS; REVOCATION.** I understand that authorizing the disclosure and use of health information about me is voluntary. I may refuse to sign this Authorization. I may revoke this Authorization at any time. Revocation of this Authorization must be in writing, signed by me or on my behalf by someone with the legal authority to do so, and delivered to the person(s) authorized to disclose health information about me as set forth in Section 1, above. My revocation will be effective upon receipt, but will not be effective to the extent the person(s) set forth in Section 1 acted in reliance upon this Authorization prior to my revocation. I have a right

Page 3 of 4

DEPARTMENT OF POLICE ACCOUNTABILITY

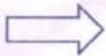
CITY AND COUNTY OF SAN FRANCISCO



Paul David Henderson
Executive Director

to obtain a copy of this Authorization. I may not be denied treatment, payment, enrollment in a health plan or eligibility for benefits if I refuse to sign this Authorization.

6. **EXPIRATION.** Unless otherwise revoked, this Authorization will expire one (1) year from the date of execution unless a different end date or event is specified in Section 7, below, OR immediately upon the fulfillment of DPA's request for protected classes of information initialed in Section 2, above.
7. **EVENT/CONDITION.** (Optional) This Authorization will expire upon the occurrence of the following event or condition:



3/22/19
Date

[Redacted Signature]

Signature of Patient

Relationship (if not Patient)

Witness (required if Patient is unable to sign)

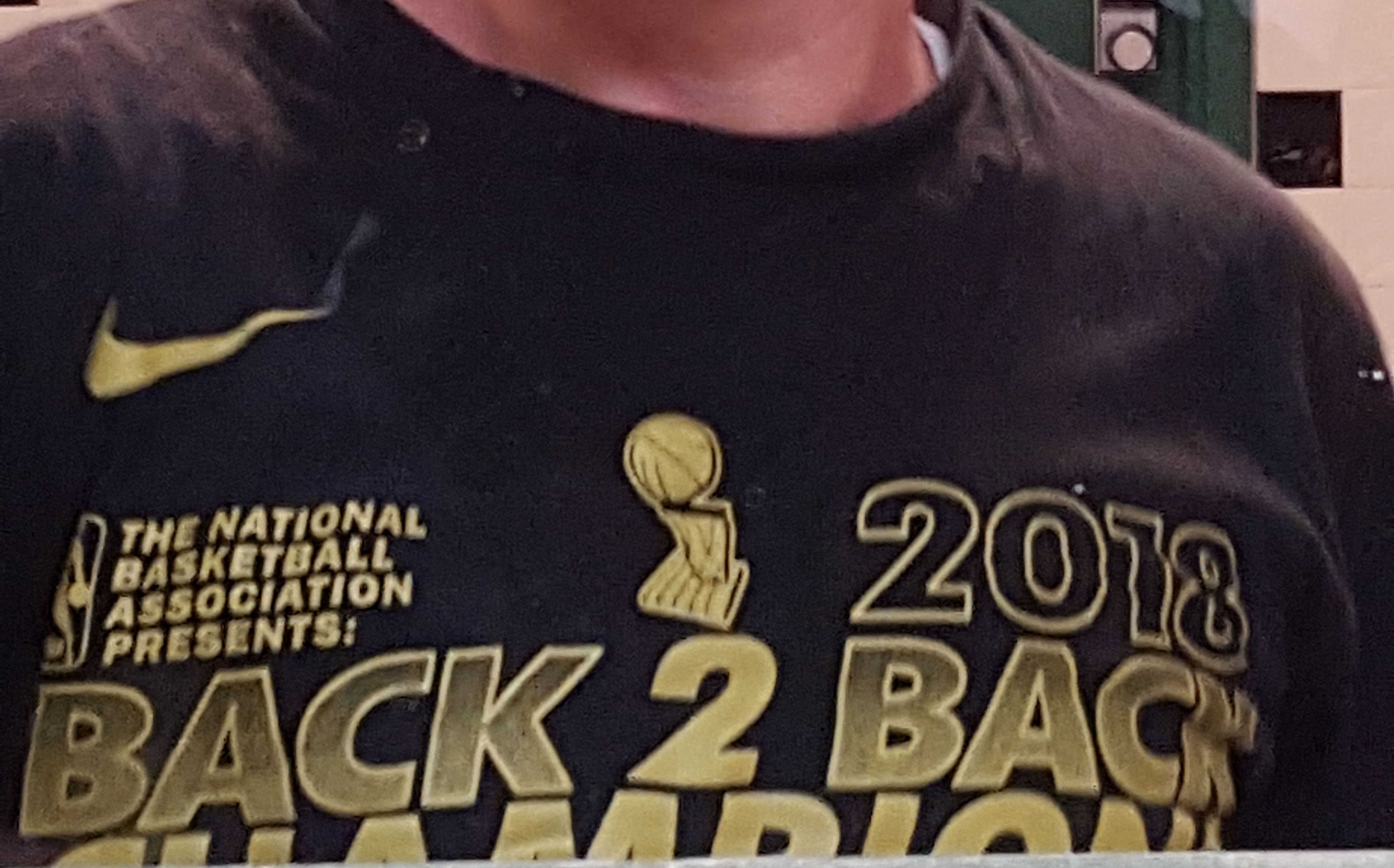
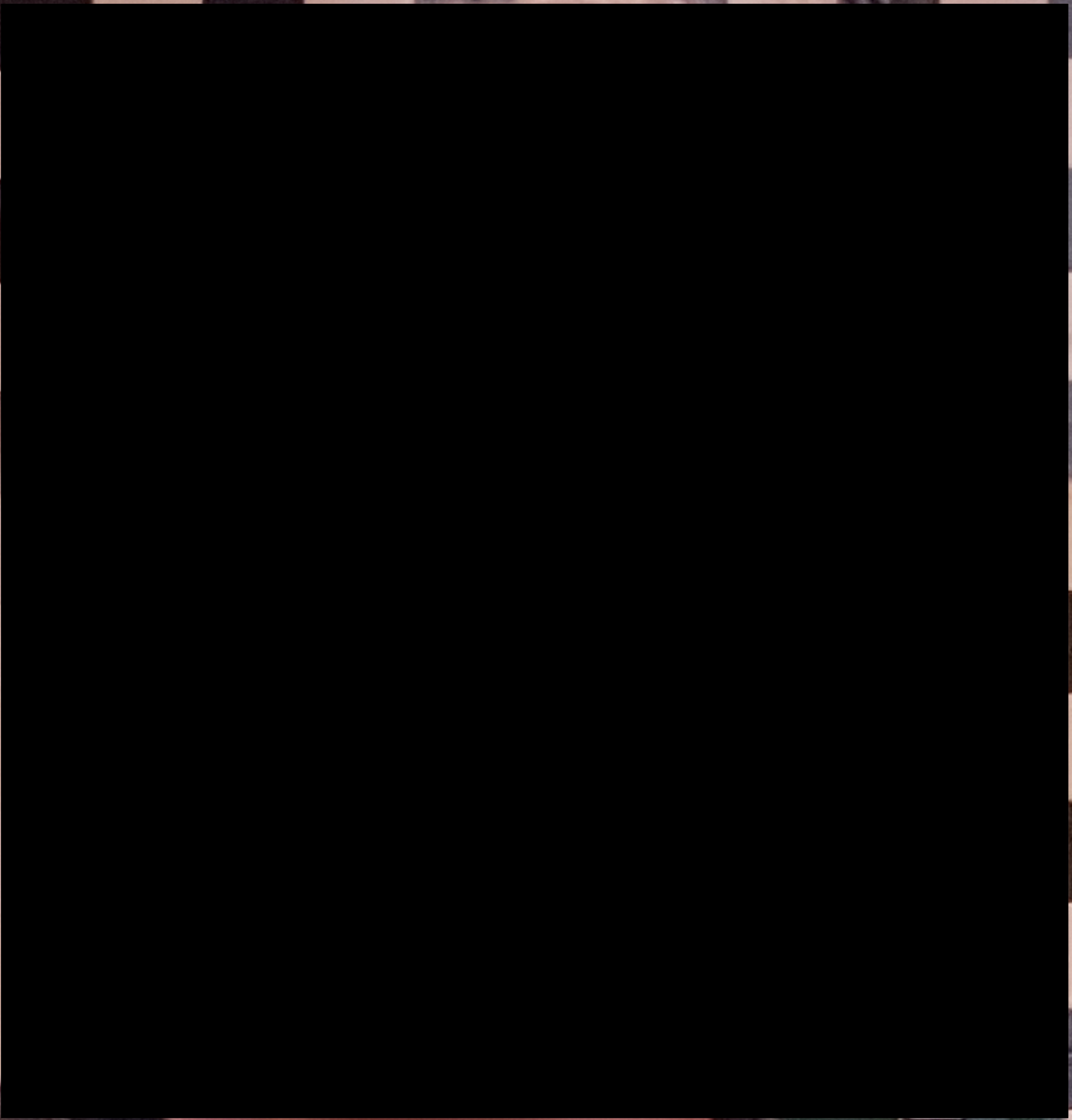
Interpreter used: ___ Yes ___ No



















Paul Henderson | www.sfgov.org/dpa
Executive Director | t: 415-241-7711
25 Van Ness Avenue, Suite 700 | tty: 415-241-7770
San Francisco, Ca 94102 | f: 415-241-7733

NOTICE TO APPEAR

SERVICE INSTRUCTIONS

TO:	MISSION STATION COMMANDING OFFICER C/O SUBPOENA OFFICER
FROM:	DPA INVESTIGATOR ELLEN DOLESE
DATE:	7/15/2019
DPA CASE NO.:	0081-19 (InSite Case No. 00042748)

COMMANDING OFFICER: Serve this Order to Appear and any attachments to the member when the member next reports to duty. If the member is on D.P. or extended sick leave, but is medically able to appear, ensure that service is made on the member at the member's residence. Service may also be completed by phone. Once the member has been served, record the Proof of Service in the DPA Interface. If you are unable to serve the member you shall notify the DPA investigator no later than Friday, July 26, 2019, at 5:00 p.m.

NOTICE AND ORDER TO APPEAR

MEMBER TO BE SERVED:	NICHOLAS NAGAI #2017	<input checked="" type="checkbox"/> NAMED <input type="checkbox"/> WITNESS
DATE AND TIME OF INTERVIEW:	7/31/2019 at 1530 HOURS	

YOU ARE HEREBY NOTIFIED of your possible involvement in the above-referenced complaint and **ORDERED TO APPEAR** at the Department of Police Accountability, located at 25 Van Ness Avenue, Suite 660, on the date and time indicated above for the purpose of providing a statement in this matter. If you are designated as a named member, it is your responsibility to arrange for representation, but in any event you are required to appear on time and prepared to proceed. Please bring field notes and any other materials relevant to this incident. Failure to appear or personally provide at least 24 hours' notice of a need to [reschedule constitutes a violation of General Order 2.04 and may result in disciplinary action.

ADDITIONAL COMMENTS:

[Interview Location: 6th Floor]

Department of Police Accountability

YOU MAY ALSO COMPLETE THIS FORM ONLINE at <http://policecomplaints.sfgov.org/>

INSTRUCTIONS FOR COMPLETING THIS FORM: Please complete this form to the best of your ability. We will contact you to follow-up. If you do not have a telephone number, please explain the best way to contact you. If you have questions or need help, please call the DPA at (415) 241-7711, between 8:00 a.m. and 5:00 p.m., or leave a message with our answering service after 5:00 p.m. We provide interpreters at no charge.

Ln 5, tc # 00042748

Today's Date / Time		Preferred Language		Case No. (DPA Use Only)								
<i>2-15-19 10:58 a.m.</i>				<table border="1"><tr><td>0</td><td>0</td><td>8</td><td>1</td><td>-</td><td>1</td><td>9</td></tr></table>		0	0	8	1	-	1	9
0	0	8	1	-	1	9						
Last Name		First Name		Middle Name								
[REDACTED]		[REDACTED]										
Home Address:		Street		Apt.								
[REDACTED]		[REDACTED]		[REDACTED]								
City		State		Zip Code								
[REDACTED]		[REDACTED]		[REDACTED]								
Work Address:		Street		Suite								
[REDACTED]		[REDACTED]		[REDACTED]								
City		State		Zip Code								
[REDACTED]		[REDACTED]		[REDACTED]								
Home Phone		Birthdate		[REDACTED]								
Mobile Phone		Gender		<i>Male</i>								
Work Phone		Ethnicity										
Email		Occupation		<i>Stand-up Comedian</i>								



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Department of Police Accountability
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SFDPA - 0081-19 - 000132

Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)
2-14-19 17:50	Jane Warner Plaza 17th St. / Market / Castro	0081-19
Incident Report or Citation No.	 Department of Police Accountability	
IR# 190112820		

Please print your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint. Include the who, what, where, when and why of the incident. If known, please provide the officers' names and star numbers. If unknown, please provide physical descriptions of the officers.

If you need additional space, use separate sheets of paper and attach them to the complaint.

Narrative of Incident: Page 1 of

See narrative attached.

Complainant Signature / Date:

Phone intake 2-15-19

Taken by (Name / Star # / Unit / Date):

E. Dese / Inw. DPA / 2-15-19

OCC Case No. 0081-19

NARRATIVE OF INCIDENT

The complainant stated that an officer used excessive force against a man who was resisting police officers attempts to handcuff the man.

Department of Police Accountability Allegation Form

DPA CASE NO.	COMPLAINANT	INCIDENT, CITATION, OR CAD NO.
0081-19	[REDACTED]	[REDACTED]

COMPLAINT RECEIVED						COMPLAINT AGAINST			OCCURRENCE LOCATION	
Person	Phone	Mail-In	Online	SFPD	Other	Person	Policy	Procedure	Type	District
	X					X			01	D

ACTIVITY	TYPE	DISP	UNIFORM Yes No		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
01	UF		X		Q3	Nicholas Nagai #2017	3D	[REDACTED]	M	4

ALLEGATIONS:

Unnecessary Force – The officer used excessive force.

DPA-Added Allegation Form

DPA CASE NO.	COMPLAINANT
0081-19	[REDACTED]

ACTIVITY	TYPE	DISP	UNIFORM		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
			Yes	No						
01	ND		X		Q3	Nicholas Nagai #2017	3D	[REDACTED]	M	4

ADDED ALLEGATIONS:

[REDACTED] - [REDACTED]

Department of Police Accountability

YOU MAY ALSO COMPLETE THIS FORM ONLINE at <http://policecomplaints.sfgov.org/>

INSTRUCTIONS FOR COMPLETING THIS FORM: Please complete this form to the best of your ability. We will contact you to follow-up. If you do not have a telephone number, please explain the best way to contact you. If you have questions or need help, please call the DPA at (415) 241-7711, between 8:00 a.m. and 5:00 p.m., or leave a message with our answering service after 5:00 p.m. We provide interpreters at no charge.

In Site # 00042748

Today's Date / Time <i>3-22-19 10:12</i>		Preferred Language		Case No. (DPA Use Only) <div><div>0</div><div>0</div><div>8</div><div>1</div><div>-</div><div>1</div><div>9</div></div>	
Last Name <i>Co-complainant</i>		First Name		Middle Name	
<div></div>		<div></div>		<div></div>	
Home Address:		Street		Apt.	
City		State		Zip Code	
Work Address:		Street		Suite	
City		State		Zip Code	
Home Phone	Birthdate		<div></div>		
Mobile Phone	Gender		<i>Transgender-non-binary</i>		
Work Phone	Ethnicity				
Email	Occupation				



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San Francisco, CA 94102



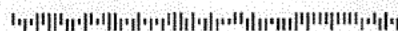
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SFDPA - 0081-19 - 000137

Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)
2-14-19 17:50 HRS.	Jane Warner Plaza	0081-19
Incident Report or Citation No.	 Department of Police Accountability	
IR# [REDACTED]		

Please print your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint. Include the who, what, where, when and why of the incident. If known, please provide the officers' names and star numbers. If unknown, please provide physical descriptions of the officers.

If you need additional space, use separate sheets of paper and attach them to the complaint.

Narrative of Incident: Page 1 of

See narrative attached.

Taken by (Name / Star # / Unit / Date):

Inv. D. Iese / DPA / 3-22-19

OCC Case No. 0081-19

NARRATIVE OF INCIDENT

The complainant stated officers used unnecessary force during the arrest of the complainant.



Paul Henderson | www.sfgov.org/dpa
Executive Director t: 415-241-7711
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San Francisco, Ca 94102 f: 415-241-7733

NOTICE TO APPEAR

SERVICE INSTRUCTIONS

TO:	MISSION STATION COMMANDING OFFICER C/O SUBPOENA OFFICER
FROM:	DPA INVESTIGATOR ELLEN DOLESE
DATE:	7/15/2019
DPA CASE NO.:	0081-19 (InSite Case No. 00042748)

COMMANDING OFFICER: Serve this Order to Appear and any attachments to the member when the member next reports to duty. If the member is on D.P. or extended sick leave, but is medically able to appear, ensure that service is made on the member at the member's residence. Service may also be completed by phone. Once the member has been served, record the Proof of Service in the DPA Interface. If you are unable to serve the member you shall notify the DPA investigator no later than Friday, July 26, 2019, at 5:00 p.m.

NOTICE AND ORDER TO APPEAR

MEMBER TO BE SERVED:	BRYAN SANTANA #2097	<input checked="" type="checkbox"/> NAMED <input type="checkbox"/> WITNESS
DATE AND TIME OF INTERVIEW:	7/31/2019 at 1630 HOURS	

YOU ARE HEREBY NOTIFIED of your possible involvement in the above-referenced complaint and **ORDERED TO APPEAR** at the Department of Police Accountability, located at 25 Van Ness Avenue, Suite 660, on the date and time indicated above for the purpose of providing a statement in this matter. If you are designated as a named member, it is your responsibility to arrange for representation, but in any event you are required to appear on time and prepared to proceed. Please bring field notes and any other materials relevant to this incident. Failure to appear or personally provide at least 24 hours' notice of a need to [reschedule constitutes a violation of General Order 2.04 and may result in disciplinary action.

ADDITIONAL COMMENTS:

[Interview Location: 6th Floor]

Department of Police Accountability

YOU MAY ALSO COMPLETE THIS FORM ONLINE at <http://policecomplaints.sfgov.org/>

INSTRUCTIONS FOR COMPLETING THIS FORM: Please complete this form to the best of your ability. We will contact you to follow-up. If you do not have a telephone number, please explain the best way to contact you. If you have questions or need help, please call the DPA at (415) 241-7711, between 8:00 a.m. and 5:00 p.m., or leave a message with our answering service after 5:00 p.m. We provide interpreters at no charge.

Ln 5, tc # 00042748

Today's Date / Time		Preferred Language		Case No. (DPA Use Only)								
<i>2-15-19 10:58 a.m.</i>				<table border="1"><tr><td>0</td><td>0</td><td>8</td><td>1</td><td>-</td><td>1</td><td>9</td></tr></table>		0	0	8	1	-	1	9
0	0	8	1	-	1	9						
Last Name		First Name		Middle Name								
[REDACTED]		[REDACTED]										
Home Address:		Street		Apt.								
[REDACTED]		[REDACTED]		[REDACTED]								
City		State		Zip Code								
[REDACTED]		[REDACTED]		[REDACTED]								
Work Address:		Street		Suite								
[REDACTED]		[REDACTED]		[REDACTED]								
City		State		Zip Code								
[REDACTED]		[REDACTED]		[REDACTED]								
Home Phone		Birthdate		[REDACTED]								
Mobile Phone		Gender		<i>Male</i>								
Work Phone		Ethnicity										
Email		Occupation		<i>Stand-up Comedian</i>								



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SFDPA - 0081-19 - 000141

Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)
2-14-19 17:50	Jane Warner Plaza 17th St. / Market / Castro	0081-19
Incident Report or Citation No.	 Department of Police Accountability	
IR# 190112820		

Please print your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint. Include the who, what, where, when and why of the incident. If known, please provide the officers' names and star numbers. If unknown, please provide physical descriptions of the officers.

If you need additional space, use separate sheets of paper and attach them to the complaint.

Narrative of Incident: Page 1 of

See narrative attached.

Complainant Signature / Date:

Phone intake 2-15-19

Taken by (Name / Star # / Unit / Date):

E. Dese / Inw. DPA / 2-15-19

OCC Case No. 0081-19

NARRATIVE OF INCIDENT

The complainant stated that an officer used excessive force against a man who was resisting police officers attempts to handcuff the man.

Department of Police Accountability Allegation Form

DPA CASE NO.	COMPLAINANT	INCIDENT, CITATION, OR CAD NO.
0081-19	[REDACTED]	[REDACTED]

COMPLAINT RECEIVED						COMPLAINT AGAINST			OCCURRENCE LOCATION	
Person	Phone	Mail-in	Online	SFPD	Other	Person	Policy	Procedure	Type	District
	X					X			01	D

ACTIVITY	TYPE	DISP	UNIFORM Yes No		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
01	UF		X		Q2	Bryan Santana #2097	3D	[REDACTED]	M	3

ALLEGATIONS:

Unnecessary Force – The officer used excessive force.

DPA-Added Allegation Form

DPA CASE NO.	COMPLAINANT
0081-19	[REDACTED]

ACTIVITY	TYPE	DISP	UNIFORM		RANK	MEMBER'S NAME & STAR NUMBER	UNIT	SVC	GENDER	ETH
			Yes	No						
01	ND		X		Q2	Bryan Santana #2097	3D	[REDACTED]	M	3

ADDED ALLEGATIONS:

Department of Police Accountability

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INSTRUCTIONS FOR COMPLETING THIS FORM: Please complete this form to the best of your ability. We will contact you to follow-up. If you do not have a telephone number, please explain the best way to contact you. If you have questions or need help, please call the DPA at (415) 241-7711, between 8:00 a.m. and 5:00 p.m., or leave a message with our answering service after 5:00 p.m. We provide interpreters at no charge.

In Site # 00042748

Today's Date / Time <i>3-22-19 10:12</i>		Preferred Language		Case No. (DPA Use Only) <div style="border: 1px solid black; padding: 2px;">0081-19</div>	
Last Name <i>Co-complainant</i>		First Name		Middle Name	
<div style="background-color: black; width: 100px; height: 1.2em;"></div>		<div style="background-color: black; width: 100px; height: 1.2em;"></div>		<div style="background-color: black; width: 100px; height: 1.2em;"></div>	
Home Address:		Street		Apt.	
City		State	Zip Code		
Work Address:		Street		Suite	
City		State	Zip Code		
Home Phone		Birthdate	<div style="background-color: black; width: 100px; height: 1.2em;"></div>		
Mobile Phone		Gender	<i>Transgender-non-binary</i>		
Work Phone		Ethnicity			
Email		Occupation			



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Department of Police Accountability
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San Francisco, CA 94103-9868



SFDPA - 0081-19 - 000146

Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)
2-14-19 17:50 HRS.	Jane Warner Plaza	0081-19
Incident Report or Citation No.	 Department of Police Accountability	
IR# [REDACTED]		

Please print your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint. Include the who, what, where, when and why of the incident. If known, please provide the officers' names and star numbers. If unknown, please provide physical descriptions of the officers.

If you need additional space, use separate sheets of paper and attach them to the complaint.

Narrative of Incident: Page 1 of

See narrative attached.

Taken by (Name / Star # / Unit / Date):

Inv. D. Iese / DPA / 3-22-19

OCC Case No. 0081-19

NARRATIVE OF INCIDENT

The complainant stated officers used unnecessary force during the arrest of the complainant.

1 DEPARTMENT OF POLICE ACCOUNTABILITY

2 DPA CASE NO.: 0081-19

3
4 INTERVIEW OF: [REDACTED] (COMPLAINANT)

5 DATE OF INTERVIEW: 02/15/2019

6
7
8 INV. ELLEN DOLESE: All right. Today's date is February
9 15, 2019. The time now is approximately 10:58 a.m. This is DPA
10 Investigator Dolese. I am taking a recorded statement from the
11 Complainant [REDACTED]. No DPA Case Number has been assigned.

12 And, [REDACTED], you're aware that this interview is being recorded?

13 [REDACTED]: Yes. I'm aware.

14 INV. DOLESE: Okay. And do I have your permission?

15 [REDACTED]: Yes.

16 INV. DOLESE: Thank you. Okay, so go ahead and tell me
17 what you're complaining about?

18 [REDACTED]: Okay, so [UNINTELLIGIBLE] to say that I did not
19 see how the incident started. I just saw a great deal of the
20 escalation.

21 INV. DOLESE: Okay. So you said this was yesterday, last
22 night, February 14th, and you said this was at Jane Warner
23 Plaza?

24 [REDACTED]: That's correct.

25 INV. DOLESE: Okay. And so what did--what is your
26 Complaint about? What happened?

27 [REDACTED]: Excessive force and--oh, God, there was--
28 excessive force at this moment.

1 INV. DOLESE: Okay, but by who?
2 [REDACTED]: That I witnessed--
3 INV. DOLESE: By whom? So tell me what happened. Give me
4 the background. Just tell me what happened.
5 [REDACTED]: So I--as I came up the road, I witnessed two
6 officers in an altercation with a suspect. I don't know who the
7 officers were. I'm not sure who the suspect was either. I just
8 know that, you know, they were trying to wrestle him to the
9 ground. He was resisting. You know, I do want to point that
10 out. And they were doing the best that--to get him on the
11 ground. I don't know where--where the third officer came from
12 but all of a sudden there was a third one who helped wrestle him
13 to the ground. When they got him--when they had actually gotten
14 him on the ground, they couldn't get him to put his head down.
15 And he kept yelling and he was obviously heightened [SIC] about
16 something. Like I said, I understand the necessity to restrain
17 somebody, especially after, you know, they've been violent.
18 There's been outbursts or there's a need to subdue them.
19 However--right unusual force and unusual escalation are--caused
20 him to be far more aggressive than, you know, I think he
21 possibly could have been.
22 INV. DOLESE: I mean, when you say "he", are you referring
23 to the police officer?
24 [REDACTED]: The suspect.
25 INV. DOLESE: Oh, the suspect. Okay.
26 [REDACTED]: I'm not an expert by any means and this is just
27 my opinion from what I observed.
28 INV. DOLESE: Okay, so what--you observed them taking

1 | someone to the ground--

2 | [REDACTED]: My thought was that he was either on something
3 | and that was the cause of--what?

4 | INV. DOLESE: You said that the officers took this person
5 | to the ground? Wrestled him to the ground?

6 | [REDACTED]: Yes.

7 | INV. DOLESE: Okay. And what is the excessive force that
8 | you're complaining about then? Where does that come in?

9 | [REDACTED]: Well, like I said, I'm still going. So he
10 | wouldn't put his head on the ground. So one officer started
11 | pushing on his back, tried to get him to go down. He wouldn't.
12 | So the third one took him by the back of the head and slammed
13 | his forehead into the concrete. At this point, one of the
14 | officers took a set of handcuffs and managed to wrestle one arm
15 | behind his back, put the cuff on, and then stood up--the officer
16 | did. Stood up, grabbed the free cuff, the one that wasn't on
17 | the man's arm, and with both hands yanked as hard as he could.
18 | At this point I got my phone and start--and ran over, tried to
19 | record the incident. About a minute into the three of them--the
20 | four of them now, because there was a suspect and three cops,
21 | were on the ground engaged, five squad cars showed up and this
22 | wall of blue just fell on the man. So--like I said, I
23 | understand needing to restrained somebody. I understand needing
24 | to use force in some instances. But I believe that this was
25 | escalated far out of control by improper use of force.

26 | INV. DOLESE: Okay. So when you said that they yanked as
27 | hard as they could, who did that? Was it one officer or more
28 | than one officer?

1 [REDACTED]: Did what?
2 INV. DOLESE: You said "yanked as hard as they could".
3 [REDACTED]: It was one officer.
4 INV. DOLESE: And what--and can you describe the officer?
5 What he looked like?
6 [REDACTED]: His partner is named Santana. I know that for
7 sure.
8 INV. DOLESE: Okay. And how do you know that?
9 [REDACTED]: Because I was watching a friend's stuff on the
10 side of the road at one point and they had stopped to ask me
11 where my friend was. And then they continued up the road. They
12 were the other two officers that were here wrestling with this
13 individual.
14 INV. DOLESE: Okay. But you said--
15 [REDACTED]: And then I--I looked at the one name tag when he
16 asked me directly where my friend was. And they said "Santana".
17 INV. DOLESE: Okay. But that's not the officer that was
18 using the force. You're complaining about the other, his
19 partner, is that--
20 [REDACTED]: Yes.
21 INV. DOLESE: Correct?
22 [REDACTED]: His partner.
23 INV. DOLESE: Okay.
24 [REDACTED]: That's correct.
25 INV. DOLESE: Okay. Can you describe what the partner
26 looked like? If you can--if you can't, that's all right. I just
27 need to know.
28 [REDACTED]: Short, close-cropped hair. He was about--he was

1 all 5'6".

2 INV. DOLESE: Okay. Was he African-American, Caucasian?

3 [REDACTED]: I--I got--I can tell you I really hate to play
4 this game but I'm--I'm gonna say he looked like he was of Asian
5 descent.

6 INV. DOLESE: Okay. That's fine. All right. Okay. So
7 your Complaint is that the officer used excessive force on this
8 individual?

9 [REDACTED]: I'm sorry? Say that one more time?

10 INV. DOLESE: I said that your Complaint is that you
11 believe the officer used unnecessary or excessive force on this
12 individual when they were trying to get him into custody?

13 [REDACTED]: I do.

14 INV. DOLESE: Okay. So then what happened--you said that
15 you were recording with your cell phone? So where is the cell
16 phone recording?

17 [REDACTED]: Well, so I tried to record the incident but for
18 some reason my phone, my phone didn't start recording until I
19 had come back across the street and was talking to my partner
20 and somebody else [I met] about what was going on.

21 INV. DOLESE: Okay.

22 [REDACTED]: So, like I said, I thought I had a video. I
23 tried to review it last night so I could see what was actually
24 on it--

25 INV. DOLESE: Okay.

26 [REDACTED]: I didn't get the footage I thought I did.

27 INV. DOLESE: Got it. Okay. And so then was your friend
28 also a witness to what happened?

1 [REDACTED]: Was my what?

2 INV. DOLESE: Your--you said your friend was--was that--

3 partner was a witness to what happened?

4 [REDACTED]: Yes and no. Problem is my partner has such bad

5 vision he really couldn't see what was going on.

6 INV. DOLESE: Okay. All right. So you don't think he saw

7 anything?

8 [REDACTED]: No. He has ocular degeneration.

9 INV. DOLESE: Oh.

10 [REDACTED]: Macular degeneration.

11 INV. DOLESE: Macular degeneration. Okay.

12 [REDACTED]: Yeah. It all just looked like a blur to him.

13 INV. DOLESE: Okay. All right. So what happened to the

14 individual that they handcuffed, after they handcuffed him, then

15 what happened?

16 [REDACTED]: I'm not sure. I don't know what happened to him.

17 Once the officers stood up, I couldn't see him anymore.

18 INV. DOLESE: Okay. Do you know if he was taken away in a

19 patrol car? Was he transported? Or did you leave before any of

20 that--

21 [REDACTED]: I don't--I don't--I don't know any of that. Like

22 I said, all the cops stood up and I couldn't see him. I was--I

23 was shocked--the officers, excuse me. The officers stood up and

24 I couldn't see him. I was actually shocked to see how many

25 police officers came to respond to this incident.

26 INV. DOLESE: But now you said you don't know why the

27 officers were there to begin with? What the initial contact

28 was? You didn't see that part?

1 [REDACTED]: So what I was told, he did physically--he was
2 combative and he was physical with one of the officers. That's
3 why they were trying to subdue him initially. But I--may I just
4 say, I believe, and I could be wrong about this, but aren't
5 officers supposed to go to sensitivity training and use
6 restraint?

7 INV. DOLESE: Are you asking me that--well, they--officers
8 do receive training with regards to use of force. This is a
9 General Order. But it depends on what the circumstances are.
10 There's different degrees of force and there's de-escalation
11 techniques that can be utilized in situations--

12 [REDACTED]: None of those--none of that was used.

13 INV. DOLESE: Okay, but that just depends on what's going
14 on. So I don't know--

15 [REDACTED]: There was--I'm sorry?

16 INV. DOLESE: I said I don't know because I didn't witness
17 the incident so I don't know what led up to the contact. Do you
18 know what led up to the contact with the officers?

19 [REDACTED]: Like I said, that was my problem initially with
20 even getting involved because all I saw was the two of them
21 trying to wrestle him to the ground.

22 INV. DOLESE: Okay.

23 [REDACTED]: It wasn't--like I said, it wasn't until he was--
24 like his head was physically slammed to the ground, and his arm
25 was yanked so violently, that I had to protest.

26 INV. DOLESE: And what arm--which arm was it that was
27 yanked?

28 [REDACTED]: What was what?

1 INV. DOLESE: Which arm was yanked? Which arm?
2 [REDACTED]: It was his left. Yes, his left arm.
3 INV. DOLESE: Suspect's left arm. Okay. And could you
4 tell? Was he complaining of any pain or did he say anything or-
5 -
6 [REDACTED]: He said several times, "You're hurting me" and
7 "you're choking me". And, yes, he was--he was in a choke-hold
8 for quite some time.
9 INV. DOLESE: Okay. When you say "choke-hold", can you
10 describe what you mean by that?
11 [REDACTED]: One arm--the officer was laying on top of him and
12 had his--his neck in the crook of his arm and it looked like he
13 was squeezing.
14 INV. DOLESE: Is this the same officer that yanked his
15 arm?
16 [REDACTED]: I'm sorry?
17 INV. DOLESE: Is this the same officer that yanked his arm
18 that you said was--had his arm around his--
19 [REDACTED]: No. This is a completely different officer.
20 Like I said, at one point it was just a wall of them here.
21 INV. DOLESE: Hm-hmm. Okay.
22 [REDACTED]: And I was a little bit--like I said, I was a
23 little bit shocked at the display.
24 INV. DOLESE: Hm-hmm. Okay. All right. Is there
25 anything else that you--can think of?
26 [REDACTED]: Say that one more time?
27 INV. DOLESE: Is there anything else you can think of that
28 you need to tell me about what happened last night?

1 [REDACTED]: I told the officer that I was going to report him
2 to the Accountability Office.

3 INV. DOLESE: Okay.

4 [REDACTED]: He looked at me and said, "Good."

5 INV. DOLESE: Okay.

6 [REDACTED]: That's all.

7 INV. DOLESE: Okay. All right. So the time--

8 [REDACTED]: So I was under the impression, is it--the
9 impression that he has the belief that he would get away with
10 this kind of treatment.

11 INV. DOLESE: Okay.

12 [REDACTED]: And that's--that's--in my opinion that doesn't
13 matter one way or the other. I--it's--I don't know exactly how
14 the Accountability Office deals with these things. I know that
15 it's compiling cases for--statistics and breakdowns and things
16 like that, but you know--at some point the Accountability
17 actually has to happen, doesn't it?

18 INV. DOLESE: I'm not sure I understand your question.
19 But let me--so we're--are you done telling me about the
20 incident?

21 [REDACTED]: I am.

22 INV. DOLESE: Okay.

23 [REDACTED]: I'm sorry.

24 INV. DOLESE: All right. Yeah, so let's go ahead--

25 [REDACTED]: I didn't--[UNINTELLIGIBLE]

26 INV. DOLESE: So the time now is 11:10 a.m. and I will
27 conclude--

28 [REDACTED]: Okay.

1 INV. DOLESE: The interview.

2 **END OF DOCUMENT**

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1 DEPARTMENT OF POLICE ACCOUNTABILITY

2 DPA CASE NO.: 0081-19

3
4 INTERVIEW OF: [REDACTED] (CO-COMPLAINANT)

5 DATE OF INTERVIEW: 03/22/2019

6
7
8 INV. ELLEN DOLESE: Okay. Today's date is March 22nd,
9 2019. The time now is approximately 10:20 a.m. This is DPA
10 Investigator Dolese. I am taking a recorded interview statement
11 from the Complainant [REDACTED]. Or I should say Co-
12 Complainant. In relation to DPA Case Number 0081-19. Also
13 present is [REDACTED] Public Defender Stacy Kinzer. And I
14 just--Mr. [REDACTED], you're aware this interview is being
15 recorded?

16 [REDACTED]: Yeah. You're filming?

17 INV. DOLESE: No. No, no, no. No filming.

18 [REDACTED]: Oh.

19 INV. DOLESE: Just a recording. Just audio. And so we
20 are here just to take your Complaint of what happened on
21 February the 14th, 2019. You had some contact--interaction with
22 some SFPD officers and so can you tell me what happened that
23 day?

24 [REDACTED]: I remember talking to some people and I remember
25 somebody like tapped me on the shoulder, grabbed me on my
26 shoulder, and then I turned around and all I saw was two guys
27 grabbing me, tried to grab me. And I didn't know what it was
28 and the next thing you know I'm being hit. You know? And then

1 tackled to the ground. You know what I mean?

2 INV. DOLESE: Okay. Did you know that these individuals
3 were police officers?

4 [REDACTED]: I--at first I didn't know at all, at all.

5 INV. DOLESE: Okay.

6 [REDACTED]: I thought it was people trying to--two people
7 trying to grab me. You know what I mean?

8 INV. DOLESE: Okay. And so you said they tapped--somebody
9 tapped you on your shoulder or--

10 [REDACTED]: And tried to grab me. Or tapped me, tried to
11 grab me. And it happened so fast--

12 INV. DOLESE: Did they say anything? Did you hear anybody
13 say anything to you?

14 [REDACTED]: Officer say something like my name or something
15 but--said, "[REDACTED]".

16 INV. DOLESE: Okay. Called you [REDACTED]?

17 [REDACTED]: Hm-hmm.

18 INV. DOLESE: Okay. And do you remember anything else
19 about what happened that day?

20 [REDACTED]: Like what?

21 INV. DOLESE: Well, I mean, can you just tell me like--you
22 said they tapped you and then they took you to the ground? So
23 can you tell me more about that? About how that happened? If
24 you remember. And I don't--like I said, only about what you
25 remember. I don't want you to guess.

26 [REDACTED]: I just remember they were trying to hit me and
27 stuff. I mean. And trying to take me to the--trying to take me
28 to the ground and grab me and throw me on the ground. You know

1 | what I mean?

2 | INV. DOLESE: Okay. And how were they trying to hit you?

3 | [REDACTED]: One was--one was trying to punch me. You know

4 | what I mean?

5 | INV. DOLESE: And do you know--

6 | [REDACTED]: The one grabbed my arm, was trying to punch me,

7 | throw me on the ground. And I said, "Stop punching me." You

8 | know?

9 | INV. DOLESE: Okay. Did the officer grab you on your

10 | right arm or left arm?

11 | [REDACTED]: I don't remember which one it was.

12 | INV. DOLESE: Okay. And they were trying to punch you

13 | where?

14 | [REDACTED]: On my head.

15 | INV. DOLESE: Okay, and did they make contact--

16 | [REDACTED]: Yeah--

17 | INV. DOLESE: With your body?

18 | [REDACTED]: Made contact, yeah.

19 | INV. DOLESE: And they punched you in your head and where

20 | on your head did they--did--

21 | [REDACTED]: Right on top, I think, somewhere on the top?

22 | INV. DOLESE: Like the top of your head?

23 | [REDACTED]: Yeah, the top of the back.

24 | INV. DOLESE: So you're pointing to the back of your head.

25 | [REDACTED]: Like the top--like the top right here, the back,

26 | know what I mean.

27 | INV. DOLESE: Okay. And so when you went down to the

28 | ground, do you remember what--how, you know, did you fall on

1 | your right side, your left side, or do you--
2 | [REDACTED]: I went down myself. Know what I mean.
3 | INV. DOLESE: You went down by yourself?
4 | [REDACTED]: Yeah.
5 | INV. DOLESE: Okay. So were the officers forcing you down
6 | in any way?
7 | [REDACTED]: Yeah. They were trying to force me down but I
8 | was complying but I was like scared. I mean, because they were
9 | being so rough, you know?
10 | INV. DOLESE: Okay. And were they saying anything to you
11 | at this time?
12 | [REDACTED]: No. People kept yelling, "Stop hitting him." So
13 | they must have hit me more than once, I mean--but it happened so
14 | fast. I mean, people kept, "Stop hitting him." I mean, "This
15 | is not right." I mean, there were people were yelling. There
16 | was all kind of people out there yelling and saying, "Stop
17 | hitting him." You know what I mean?
18 | INV. DOLESE: Okay.
19 | [REDACTED]: And people starting filming it.
20 | INV. DOLESE: Okay.
21 | [REDACTED]: You know?
22 | INV. DOLESE: And you said that you weren't resisting at
23 | all?
24 | [REDACTED]: No.
25 | INV. DOLESE: So--
26 | [REDACTED]: Not at all.
27 | INV. DOLESE: So at the time this was happening, you did
28 | not know that these were police officers?

1 [REDACTED]: No, I did not. I was scared for my life. Like
2 people started just--the police grabbed me and starting hitting
3 me.
4 INV. DOLESE: Okay, and do you recall--
5 [REDACTED]: You know?
6 INV. DOLESE: What point you realized that these were
7 police officers?
8 [REDACTED]: I guess when nobody else was coming to help me, I
9 guess. I mean, 'cause anybody can dress up in a costume, you
10 know what I mean?
11 INV. DOLESE: Hm-hmm.
12 [REDACTED]: You know? Especially in the Castro District.
13 You know what I mean?
14 INV. DOLESE: Right.
15 [REDACTED]: I mean, there's people that dress up all the
16 time, man, in Halloween--
17 INV. DOLESE: Right.
18 [REDACTED]: Costumes and stuff so anybody that run up--run up
19 like that could be anybody.
20 INV. DOLESE: So do you--
21 [REDACTED]: And I been a victim of hate crime before, you
22 know what I mean? You know?
23 INV. DOLESE: A hate crime? Okay. So you're sensitive to
24 that.
25 [REDACTED]: Yeah. I was just raped last year in San
26 Francisco.
27 INV. DOLESE: Hm. I'm sorry.
28 [REDACTED]: You know what I mean? So I mean like--sure if

1 | somebody run up and just try to grab me, you know, like what I--
2 | you know, what is someone gonna do? You know what I mean?
3 | INV. DOLESE: Okay. And so you said that they hit you on
4 | your head, top and in the back. Do you recall how many times?
5 | [REDACTED]: No, I don't. Happened so fast. I don't
6 | remember.
7 | INV. DOLESE: Okay.
8 | [REDACTED]: At least to me once.
9 | INV. DOLESE: All right. At least once, okay. And then
10 | anything else about the contact with the officers?
11 | [REDACTED]: Maybe--they punching me. I said, "Stop punching
12 | me." You know what I mean.
13 | INV. DOLESE: Okay.
14 | [REDACTED]: I said.
15 | INV. DOLESE: And so you're--now you're on the ground and
16 | what happened once you got--when you were on the ground? Do you
17 | remember?
18 | [REDACTED]: Believe bunch of other cops came and stuff like
19 | that. And other bunch of other cops came and arrest and--you
20 | know what I mean, they kept me off--took me off to the--to the
21 | ambulance or whatever.
22 | INV. DOLESE: Did they handcuff you?
23 | [REDACTED]: Yeah.
24 | INV. DOLESE: So they did hand--so do you remember being
25 | handcuffed?
26 | [REDACTED]: Hm-hmm.
27 | INV. DOLESE: Was there any problem with the handcuffing
28 | or--

1 [REDACTED]: I remember I had scrapes and stuff and all up and
2 down my hands. Stuff like that. But, I don't know if they
3 didn't take pictures and all that stuff. I had scrapes on my
4 face, my elbows--
5 INV. DOLESE: Okay. So where were the scrapes on your
6 face?
7 [REDACTED]: On the left side.
8 INV. DOLESE: The left side of your face? Like--
9 [REDACTED]: Yeah.
10 INV. DOLESE: You're pointing like this is like to your
11 cheek area?
12 [REDACTED]: I had scrapes up out of there, somewhere, yeah.
13 INV. DOLESE: Somewhere around here and do you know how
14 those--how you got those?
15 [REDACTED]: From the police.
16 INV. DOLESE: From the police?
17 [REDACTED]: Hm-hmm.
18 INV. DOLESE: So was that when they--how did that happen?
19 [REDACTED]: I don't know if it's from them hitting me or from
20 them--pushing me on the ground or we--whatever, you know what I
21 mean?
22 INV. DOLESE: Okay, so you--you recall--so you did get
23 pushed down on the grounds?
24 [REDACTED]: Hm-hmm.
25 INV. DOLESE: And so.
26 [REDACTED]: I had--my hand, both my hands are all bloody
27 right here and my--where my knuckles are, the bone ends right
28 here?

1 INV. DOLESE: Okay. Was that from the handcuffs?

2 [REDACTED]: No, it's--well, I think it's from the handcuffs
3 or from--either that or the--the way they--the way they put me
4 on the ground, maybe.

5 INV. DOLESE: All right. And you were on the sidewalk?

6 [REDACTED]: Sidewalk? Yeah, right there where the road is.

7 INV. DOLESE: Okay. So you're not in the street.

8 [REDACTED]: [OVERLAPPING] No, we right there where the--

9 INV. DOLESE: [UNINTELLIGIBLE] concrete.

10 [REDACTED]: Where the F train goes--where the F train is.

11 INV. DOLESE: Right. Okay. [UNINTELLIGIBLE] there, okay.
12 So you said that the scrapes you have were the left side of
13 your face?

14 [REDACTED]: Think they're on the left side, believe.

15 INV. DOLESE: Okay. Anything else you can remember about--
16 -so as far as--at the end of that time--so do you recall how
17 long it--the contact was? Was it--

18 [REDACTED]: This happened pretty fast.

19 INV. DOLESE: Pretty fast? So would you say--less than a
20 minute? More than a minute?

21 [REDACTED]: Yeah. Probably like a minute. Yeah.

22 INV. DOLESE: Like a minute?

23 [REDACTED]: More or less.

24 INV. DOLESE: Okay.

25 [REDACTED]: It happened really fast.

26 INV. DOLESE: Okay. So was there any concerns that you
27 have about how the officers treated you or anything that they
28 did or didn't do?

1 [REDACTED]: Yeah, I think they shouldn't have grabbed me like
2 they did and started punching me. I mean, I didn't know who
3 they were, even where, I mean. They didn't identify themselves
4 when they came up on me or nothing like that.

5 INV. DOLESE: Okay. And then after--the [UNINTELLIGIBLE]
6 after you were in handcuffed and you were on the ground and then
7 at some point did you--got up? Did they help you up? Did you
8 get up on your own? If you remember?

9 [REDACTED]: Yeah, I was on the ground for--first a bunch of
10 cops came in and they were like on top of me. Bunch of cops
11 were on top of me.

12 INV. DOLESE: Okay.

13 [REDACTED]: They came in like really up on top of me.

14 INV. DOLESE: Right.

15 [REDACTED]: And like--I said, "Stop hurting" because they
16 were hurting me and some of them were hitting pressure points on
17 me and stuff like that. Like behind my ear and stuff. You
18 mean, they were like putting their--their fingers behind my ear.

19 And on my neck. You know what I mean? And one of them had
20 the--like the knee on my back, other one pushing my head in the
21 ground. You know what I mean? And I--so I said, "Stop hurting
22 me. Stop hurting me." You know what I mean? And then--then--
23 and then some female, I want to say the Captain, Lieutenant or
24 what she was, whatever. She says, "Are you okay?" I said,
25 "Yeah, I'm okay." I said, "The people are hurting me, [maybe]."

26 She said, "Well, I'm going to let you go off the ground," you
27 know what I mean? And so she let me off the ground and
28 whatever, and took me to the car, whatever.

1 INV. DOLESE: Okay. And do you know why the officers
2 stopped you that day?
3 [REDACTED]: I have warrant, I think.
4 INV. DOLESE: Oh. You had a warrant? Okay. But at the
5 time that this happened, did you know that that was why they
6 were stopping you?
7 [REDACTED]: No, I didn't know that. I didn't know that but
8 it--
9 INV. DOLESE: Did--did you--do you know any of the
10 officers that were there that day?
11 [REDACTED]: No.
12 INV. DOLESE: That were involved in your arrest?
13 [REDACTED]: No.
14 INV. DOLESE: So you couldn't--could you identify any of
15 them or describe any of them?
16 [REDACTED]: No.
17 INV. DOLESE: Okay. And you don't recall ever seeing any
18 of them before.
19 [REDACTED]: No.
20 INV. DOLESE: Do you know any of the officers that work in
21 that area, in the Castro [block] area?
22 [REDACTED]: No, I don't.
23 INV. DOLESE: Okay. So none of them would be familiar to
24 you then?
25 [REDACTED]: No.
26 INV. DOLESE: Okay. Are you able to identify the
27 officer/officers that you said were punching you?
28 [REDACTED]: I might be if I seen a picture of them, maybe.

1 INV. DOLESE: Maybe?

2 [REDACTED]: I think one had block hair.

3 INV. DOLESE: Hm-hmm.

4 [REDACTED]: I remember I can--remember if I see face and then
5 maybe I--if I seen a picture, I might be able to identify him.

6 INV. DOLESE: Do you know that it was just one officer
7 that punched you or more than one?

8 [REDACTED]: There was two there but I don't know if sure--I'm
9 not sure if they were both punching me or not. All of this
10 happened so fast. I mean.

11 INV. DOLESE: All right. And anything else about--so you
12 believe the reason they stopped you is because you have a
13 warrant?

14 [REDACTED]: I guess. I mean, I don't know. I--I can't say
15 for certain. Know what I mean?

16 INV. DOLESE: All right.

17 [REDACTED]: I don't know what they--why they stopped me for.

18 INV. DOLESE: Okay. Anything else you think
19 [UNINTELLIGIBLE]--

20 [REDACTED]: I mean, I had--I had a warrant out for me but
21 that--I can't say that's why they stopped me. I don't know why
22 they stopped me.

23 INV. DOLESE: Okay.

24 [REDACTED]: Have no idea--no idea. They didn't say--and say
25 anything, just--

26 INV. DOLESE: Okay. Any--anything else you can think
27 about what happened that days?

28 [REDACTED]: No.

1 INV. DOLESE: Okay. Ms. Kinzer, you have anything else
2 you want to add for the record?
3 PUBLIC DEFENDER ATTY. STACY KINZER: I don't think so.
4 INV. DOLESE: Okay. Do you have any questions?
5 [REDACTED]: No.
6 INV. DOLESE: Okay.
7 [REDACTED]: No. I just wish they wouldn't keep doing that to
8 me.
9 INV. DOLESE: When you say that, what do you mean? Keep
10 doing--watching--
11 [REDACTED]: Well, it seems the cops are always assaulting me.
12 INV. DOLESE: The cops are always assaulting you?
13 [REDACTED]: Hm-hmm.
14 INV. DOLESE: And why--has it happened before?
15 [REDACTED]: Hm-hmm.
16 INV. DOLESE: And when did it happen before? Do you
17 remember?
18 [REDACTED]: Just last year, they broke my elbow with the
19 baton.
20 INV. DOLESE: You're holding out your left arm?
21 [REDACTED]: Yeah.
22 INV. DOLESE: So your left elbow--
23 [REDACTED]: Hm-hmm.
24 INV. DOLESE: Got broken.
25 [REDACTED]: Yeah. Me and my grandmother got into a slight
26 argument. The cops showed up on me, drew tasers on me, put the
27 tasers away and I was getting on the ground, they drew batons at
28 me, started hitching me with batons.

1 INV. DOLESE: And these were San Francisco?
2 CANTRELL: No, that happened in another county.
3 INV. DOLESE: Oh, another county. But did--
4 [REDACTED]: They said--but they're like, they keep--they keep
5 hitting me and keep hurting me. I mean, and just last year in
6 San Francisco, I was assaulted by cops last year, twice. In one
7 night. Know what I mean?
8 INV. DOLESE: Hm-hmm.
9 [REDACTED]: On Castro area. I went by the name [REDACTED]
10 [REDACTED], I got away. I got away twice. Hear me? Because it--fact
11 the only reason I got away is because they told him, I told him
12 an alias. Know what I mean? And a [REDACTED], feel me, I
13 went to the hospital twice that night. You know what I mean?
14 You know, I went to the Sutter Health--Sutter Health up on--on
15 Union across the street from Castro. You go to Sutter Health
16 Hospital?
17 INV. DOLESE: Hm-hmm.
18 [REDACTED]: I went to the ambulance--I went to the ambulance
19 twice that night, you know what I mean? The cops beat me up
20 twice that night. Hear me?
21 INV. DOLESE: And those are San Francisco Police?
22 [REDACTED]: San Francisco Police officers.
23 INV. DOLESE: Do you know the date that this thing
24 happened?
25 [REDACTED]: No, it was some time last year.
26 INV. DOLESE: Okay. And you mentioned--you said it was in
27 another jurisdiction because you said "Something had tasers" so
28 just you know, San Francisco Police Department--

1 [REDACTED]: That was last year and--and--
2 INV. DOLESE: Yeah, another county.
3 [REDACTED]: Another county.
4 INV. DOLESE: 'Cause SFPD does not have tasers.
5 [REDACTED]: Yeah.
6 INV. DOLESE: Just so you know.
7 [REDACTED]: Yeah.
8 INV. DOLESE: The officers here do not have tasers.
9 They're not equipped with that so, all right. Okay. Is there
10 anything else you can--want to add?
11 [REDACTED]: No. [SIGH]
12 INV. DOLESE: Okay. All right. The time now is
13 approximately 10:30 a.m. And the interview is concluded.
14 **END OF DOCUMENT**
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